

P E R M I T

CITY OF NAPOLEON
255 W. RIVERVIEW AVE
NAPOLEON, OHIO 43545

DIVISION OF BUILDING & ZONING
PH (419) 592-4010
FAX (419) 599-8393

PERMIT NO: 1445

DATE ISSUED: 12-19-02

ISSUED BY: MRD

JOB LOCATION: 525 CAMBRIDGE ST

EST. COST: 95000.00

LOT #: 27

SUBDIVISION NAME: PICKET FENCES

OWNER: LANKENAU, JEFF
ADDRESS: 315 BRIARCLIFF DR
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-8638

AGENT: BECKS CONSTRUCTION C
ADDRESS: 11-622 CO RD M
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-8307

USE TYPE - RESIDENTIAL:

OTHER: POR 212'

ZONING INFORMATION

DIST: R-3 LOT DIM: 78X107 AREA: 8346 FYRD: 25 SYRD: 7 RYRD: 15
MAX HT: 45' # PKG SPACES: 2 # LOADING SP: MAX LOT COV: 45%

BOARD OF ZONING APPEALS:

WORK TYPE - NEW: X REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: 61 WIDTH: 46 STORIES: 1 LIVING AREA SF: 1396
GARAGE AREA SF: 514 HEIGHT: 20 BLDG VOL DEMO PERMIT:

WORK DESCRIPTION

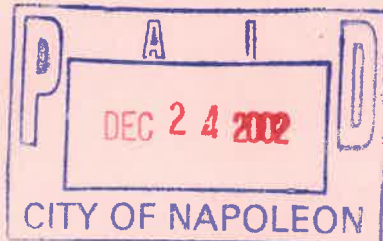
NEW HOME

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT
ELECTRICAL PERMIT
PLUMBING PERMIT
MECHANICAL PERMIT
WATER TAP PERMIT
SEWER PERMIT



229.00
100.00
42.00
18.00
203.00
60.00

TOTAL FEES DUE

652.00

DATE

APPLICANT SIGNATURE

APPLICATION FOR
 Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit
FROM - The City of Napoleon, Ohio, Building Department
 255 West Riverview Avenue; P.O. Box 151; Napoleon, Ohio 43545 - Telephone (419) 592-4010

ENTRY NO. _____

PERMIT NO. _____ ISSUED _____

JOB LOCATION 525 Cambridge St.

LOT 27 Picket Fences III
 (Subdivision or Legal Description)

ISSUED BY RND
 (Building Official)

OWNER Jeff Lankman PHONE 592-8638

ADDRESS 315 Branchiff

AGENT Bricks Const PHONE 592-8307

ADDRESS _____

USE: Residential () Commercial () Industrial
 () Other _____

WORK: New () Addition () Replacement () Remodel

ESTIMATED COST = \$ 95,000

	Base	Plus	Total
() Building	\$ _____	\$ _____	\$ <u>229.00</u>
() Electrical	\$ _____	\$ _____	\$ <u>100.00</u>
() Plumbing	\$ _____	\$ _____	\$ <u>42.00</u>
() Mechanical	\$ _____	\$ _____	\$ <u>18.00</u>
() Demolition	\$ _____	\$ _____	\$ _____
() Zoning	\$ _____	\$ _____	\$ _____
() Sign	\$ _____	\$ _____	\$ _____
() Water Tap	\$ _____	\$ _____	\$ <u>203.00</u>
() Sewer Tap	\$ _____	\$ _____	\$ <u>60.00</u>
() Temp Water	\$ _____	\$ _____	\$ _____
() Temp Elec.	\$ _____	\$ _____	\$ _____

Additional Structure _____ Hours _____
 Plan Review: Electric _____ Hours _____

TOTAL FEES \$ _____
 Less Fees Paid \$ _____
 BALANCE DUE \$ _____

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard
R-3	78x107	8346	25	7	15

Max Height	No. Pkg. Spaces	No. Lq. Spaces	Max Cover	Petition or Appeal Required-Date
45'	2		45%	

WORK INFORMATION

Building: Ground Floor Area 1396 sq. ft. Basement Floor Area _____ sq. ft.

Garage Floor Area 514 sq. ft. 2nd Floor Area _____ sq. ft. Other porches 212 sq. ft.

Size: Length 61 Width 46 Stories 1 Height 20

Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: New Home

ELECTRICAL: Contractor _____ Phone _____
Address _____ ESTIMATED COST = \$ _____

Type of Work: () New () Service Change () Rewiring () Add'l Wiring TEMPORARY ELEC. REQUIRED - () Yes () No
Size of Service _____ Underground _____ Overhead _____ Number of New Circuits _____

Description of Work: _____

PLUMBING: Contractor _____ Phone _____
Address _____ ESTIMATED COST = \$ _____

WATER TAP REQUIRED - () Yes () No Size _____ Type of Pipe _____ Water Dist. Pipe _____

SANITARY SEWER TAP REQUIRED - () Yes () No Size _____ Type of Pipe _____ Dr. Waste Vt. Pipe _____

STREET SEWER TAP REQUIRED - () Yes () No Type of Pipe _____ STREET TO BE OPENED - () Yes () No
Main Building Drain Size = _____ Main Vent Pipe Size = _____

LIST NUMBER OF PLUMBING FIXTURES BELOW:

Water Closets = 2 Bathtubs = 2 Showers = 2 Lavatories = 2 Kitchen Sinks = 1 Disposal = 1
Clothes Washer = _____ Floor Drains = _____ Dishwasher = 1 Other furnace Total = _____

Description of Work: _____

MECHANICAL: Contractor _____ Phone _____
Address _____ ESTIMATED COST = \$ _____

HEATING SYSTEM - () Forced Air () Gravity () Hot Water () Steam () Unit Heaters () Radiant () Baseboard

TYPE OF FUEL - () Electric () Natural Gas () Propane () Wood () Coal () Solar () Geothermal Other _____

NUMBER OF HEAT ZONES = _____ HOT WATER - () One (1) Pipe () Two (2) Pipes () Series Loop

ELECTRIC HEAT - Number of Circuits _____ Number of Furnaces _____ Number of Hot Air Runs _____

Number of Hot Water Radiators _____ Total Heat Loss _____ Rated Capacity of Furnace/Boiler _____

LOCATION OF HEATING UNITS - () Crawl Space () Floor Level () Attic () Suspended () Roof () Outside

Description of Work: _____

DRAWINGS REQUIRED: All applications must be accompanied by two (2) complete sets of Drawings including Site Plans, Foundation Plans, Floor Plans, Structural Framing Plans, Exterior Elevations, Section and Details, Stair Details, Electrical Layout, Plumbing Isometric, Heating Layout, etc. All Plans shall be drawn to scale, show all existing structure on the Site Plans, and show electric panel and furnace locations.

READ AND SIGN BELOW: The undersigned hereby makes application for a Permit for all work described herein and agrees to complete the work in strict accordance with all applicable provisions of the current edition of the C.A.B.O. Building Code, the Napoleon Building and Zoning Codes, the Napoleon Engineering Department Rules and Regulations, Standard Specifications and other pertinent sections of the Napoleon Code of Ordinances.

Signature of Applicant _____ Date _____

CITY OF NAPOLEON

ELECTRIC METER BASE RELEASE FORM

THIS DOCUMENT ENTITLES THE HOLDER TO "ONE" ELECTRIC METER BASE
(Please pickup at the City operations garage 1775 Industrial Drive).

PERMIT #: 1445

ISSUED:12-19-2002

JOB LOCATION: 525 CAMBRIDGE ST

WORK DESCRIPTION: NEW HOME

OWNER: LANKENAU, JEFF

ADDRESS: 315 BRIARCLIFF DR NAPOLEON, OH 43545

OWNER PHONE: 419-592-8638

CONTRACTOR: BECKS CONSTRUCTION CO

ADDRESS: 11-622 CO RD M NAPOLEON, OH 43545

CONTRACTOR PHONE: 419-592-8307

ELECTRIC SERVICE UPGRADE _____ NEW SERVICE INSTALLATION

INDUSTRIAL _____ COMMERCIAL _____ RESIDENTIAL 1PHASE 3PHASE _____

SIZE OF SERVICE 100AMP _____ 150AMP _____ 200AMP 400AMP _____ OTHER _____

HUB SIZE - 1 1/4" _____ 1 1/2" _____ 2" _____

DESIRED VOLTAGE 120/240 OTHER _____

UNDERGROUND SERVICE OVERHEAD SERVICE _____

=====

DATE COMPLETED: _____ APPROVED BY: _____

OLD METER NUMBER: _____ NEW METER NUMBER: _____

COMMENTS:

