

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: 678

DATE ISSUED: 07-05-01

ISSUED BY: BND

JOB LOCATION: 590 CAMBRIDGE ST

EST. COST: 100000.00

LOT #: 16

SUBDIVISION NAME: PICKET FENCES

OWNER: MVRIG
ADDRESS: 629 W MAIN ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-5337

AGENT: MR. BUILDER LTD
ADDRESS: T-297 COUNTY ROAD 15
CSZ: NAPOLEON, OH 43545
PHONE: 419-598-8620

USE TYPE - RESIDENTIAL: X

OTHER:

ZONING INFORMATION

DIST: R-3 LOT DIM: AREA: 7980 FYRD: 25 SYRD: 7 RYRD: 15
MAX HT: 45 # PKG SPACES: 2 # LOADING SP: MAX LOT COV: 45

BOARD OF ZONING APPEALS:

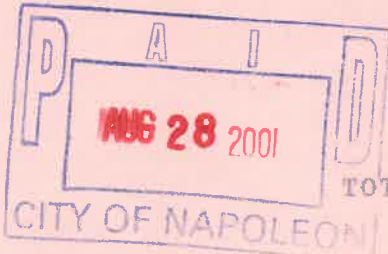
WORK TYPE - NEW: X REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: 49 WIDTH: 52 STORIES: 1 LIVING AREA SFT: 1306
GARAGE AREA SF: 646 HEIGHT: 22 BLDG VOL DEMO PERMIT:

WORK DESCRIPTION
NEW HOME

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		237.00
ELECTRICAL PERMIT		109.00
PLUMBING PERMIT		42.00
MECHANICAL PERMIT		18.00
WATER TAP PERMIT		189.00
SEWER PERMIT		195.00



TOTAL FEES DUE 790.00

Matt A. Kallen

APPLICANT SIGNATURE

08-28-01

DATE

APPLICATION FOR
 Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit
FBCM - 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 6-4-01
 JOB LOCATION 590 Cambridge St
 LOT 16 Picket Fences
 (Subdivision or Legal Description)
 ISSUED BY _____
 (Building Official)

OWNER MVRIG PHONE 592-5337
 ADDRESS 629 W. Main St.
 AGENT MR Builds PHONE _____
 ADDRESS _____
 USE: Residential Commercial Industrial
 Other _____

WORK: New Addition Replacement Remodel
 ESTIMATED COST = \$ 100,000

	<u>Base</u>	<u>Plus</u>	<u>Total</u>
<input type="checkbox"/> Building	\$ _____	\$ _____	\$ <u>237.00</u>
<input type="checkbox"/> Electrical	\$ _____	\$ _____	\$ <u>109.00</u>
<input type="checkbox"/> Plumbing	\$ _____	\$ _____	\$ <u>42.00</u>
<input type="checkbox"/> Mechanical	\$ _____	\$ _____	\$ <u>18.00</u>
<input type="checkbox"/> Demolition	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Zoning	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sign	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Water Tap	\$ _____	\$ _____	\$ <u>189.00</u>
<input type="checkbox"/> Sewer Tap	\$ _____	\$ _____	\$ <u>195.00</u>
<input type="checkbox"/> Temp Water	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp Elec.	\$ _____	\$ _____	\$ _____

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

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

ZONING INFORMATION

<u>District</u>	<u>Lot Dimensions</u>	<u>Area</u>	<u>Front Yard</u>	<u>Side Yard</u>	<u>Rear Yard</u>
<u>R-3</u>	<u>76 X 105</u>	<u>7980</u>	<u>25</u>	<u>7</u>	<u>15</u>

<u>Max Height</u>	<u>No. Pkg. Spaces</u>	<u>No. Ldg. Spaces</u>	<u>Max Cover</u>	<u>Petition or Appeal Required-Date</u>
<u>45'</u>	<u>2</u>		<u>45%</u>	

WORK INFORMATION

Building: ^{LIVING} Ground Floor Area 1306 sq. ft. Basement Floor Area _____ sq. ft.
 Garage Floor Area 646 sq. ft. 2nd Floor Area _____ sq. ft. Other _____ sq. ft.
 Size: Length 49 Width 52 Stories 1 Height 22'

Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: _____

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 28

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 = _____ Bathtubs = _____ Showers = _____ Lavatories = _____ Kitchen Sinks = _____ Disposal = _____

Clothes Washer = _____ Floor Drains = _____ Dishwasher = _____ Other _____ Total = 11

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 18

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 INSPECTION FORM

PERMIT #: 678

DATE ISSUED: 07-05-2001

JOB LOCATION: 590 CAMBRIDGE ST

OWNER: MVRIG

OWNER PHONE: 419-592-5337

CONTRACTOR: MR. BUILDER LTD

CONTRACTOR PHONE: 419-598-8620

WORK DESCRIPTION: NEW HOME

PLUMBING: UNDGR _____ RGHIN _____ FINAL 1-9-02

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL 1-9-02

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN 7-9-01 FINAL _____

SERV ~~UPGR~~ 7-9-01

BUILDING: SITE 6-12-01 FTG 6-14-01 FNDDT 6-19-01

STRUC 8-14 ROOF 8-14 EXT _____

VENT _____ ACCES _____ EGRS _____

SMKDT _____ FINAL 1-9-02

ISSUE TEMP OCCUP _____ ISSUE OCCUP 1-9-02

STRG SHED: SITE _____ FINAL _____ 8-5-02

SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTOR INITIALS: AMP

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be clearly documented and verified.

In the second section, the author details the various methods used to collect and analyze data. This includes field observations, interviews, and the use of specialized equipment.

The third section provides a comprehensive overview of the results obtained from the study. It highlights key findings and their implications for the field.

Finally, the document concludes with a summary of the research and suggestions for future work. It stresses the need for continued research in this area.

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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 #: 678

ISSUED:07-05-2001

JOB LOCATION: 590 CAMBRIDGE ST

WORK DESCRIPTION: NEW HOME

OWNER: MVRIG

ADDRESS: 629 W MAIN ST NAPOLEON, OH 43545

OWNER PHONE: 419-592-5337

CONTRACTOR: MR. BUILDER LTD

ADDRESS: T-297 COUNTY ROAD 15 NAPOLEON, OH 43545

CONTRACTOR PHONE: 419-598-8620

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:

CITY OF NAPOLEON

WATER METER YOKE RELEASE FORM

THIS DOCUMENT ENTITLES THE HOLDER TO "ONE" WATER METER YOKE ASSEMBLY
(Please pickup at City Operations Department 1775 Industrial Drive).

PERMIT #: 678

ISSUED: 07-05-2001

JOB LOCATION: 590 CAMBRIDGE ST

OWNER: MVRIG

PHONE: 419-592-5337

ADDRESS: 629 W MAIN ST NAPOLEON, OH 43545

CONTRACTOR: MR. BUILDER LTD

ADDRESS: T-297 COUNTY ROAD 15 NAPOLEON, OH 43545

PHONE: 419-598-8620

WATER TAP SIZE 1" 1.5" _____ 2" _____ OTHER _____

WATER METER YOKE SIZE 5/8" 3/4" _____ 1" _____ OTHER _____

NEW STRUCTURE EXISTING STRUCTURE _____ LAWN METER _____

WATER SERVICE LINE TO BE TYPE "K" COPPER OR "CTS" POLYETHELENE TUBING
OF 1" MINIMUM SIZE.

BACKFLOW DEVICE REQUIRED YES NO _____

TYPE OF BACKFLOW DEVICE REQUIRED DCVA

WATER METER YOKE INSTALLATION IS SUBJECT TO THE FOLLOWING CONDITIONS

- 1.) MUST BE LOCATED IN AN ACCESSIBLE AREA.
- 2.) MUST BE IN AN AREA WHICH IS NOT SUBJECT TO FREEZING TEMPERATURES.
- 3.) MUST BE AT LEAST 18" ABOVE FLOOR LEVEL (NO CRAWL SPACE INSTALLATIONS).
- 4.) MUST COMPLY WITH MINIMUM MOUNTING REQUIREMENTS (DRAWING AVAILABLE)

ISSUED BY _____ RECEIVED BY _____

1-Copy to: Building Dept, Water Dept, and Utilities Dept



590
Cambridge St.

one wall
benches & swing
are @ dis openings



No. 539

CERTIFICATE OF OCCUPANCY
THE CITY OF NAPOLEON

ENGINEERING DEPARTMENT
DIVISION OF INSPECTION

This is to certify that the Building or Land as herein described complies with all the building and health laws and ordinances and with the provisions of the Zoning Ordinance.

Location of Occupancy 590 Cambridge St. Occupancy Single Family
Owner of Property M.V.R.I.G. Address 629 W. Main St. Napoleon
Issued to Same Address
Zoning R-3 Residential Bldg. Permit No. 678
Substantial qualifications of occupancy Substantial City Code Compliant

This certificate is issued by the City Building Inspector, as provided by law, and is to certify that construction is completed substantially in conformity with the approved plans and permission is hereby granted to occupy such building in compliance with such legal use and occupancy as authorized under the provisions of the ordinances of the City of Napoleon.

Issued this 5th day of August 2002 to

This is a valuable record for owner or lessee and should be so preserved.

Signed *Debra M. Sammons*
City Building Inspector

