

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: 920

DATE ISSUED: 11-21-01

ISSUED BY: SKE

JOB LOCATION: 605 CAMBRIDGE ST

EST. COST: 85000.00

LOT #: 23

SUBDIVISION NAME: PICKET FENCES

OWNER: LANKENAU, STEVE
ADDRESS: 539 W WASHINGTON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-7335

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

USE TYPE - RESIDENTIAL: X

OTHER:

ZONING INFORMATION

DIST: R-3 LOT DIM: IRR AREA: 8533 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: 56 WIDTH: 60 STORIES: 1 LIVING AREA SF: 1381
GARAGE AREA SF: 484 HEIGHT: 18 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

207.00
100.00
42.00
18.00
203.00
60.00



TOTAL FEES DUE 630.00

11/26/01
DATE

Cheryl A. Beck
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 605 Cambridge

LOT 23 Ticket Fences
 (Subdivision or Legal Description)

ISSUED BY _____
 (Building Official)
Steve Lankman

OWNER _____ PHONE _____

ADDRESS un washing ton

AGENT Becks const PHONE _____

ADDRESS _____

USE: Residential () Commercial () Industrial
 Other _____

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

ESTIMATED COST = \$ 85000

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard
R-3	111	8533	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 1381 sq. ft. Basement Floor Area _____ sq. ft.

Garage Floor Area 484 sq. ft. 2nd Floor Area _____ sq. ft. Other Porch 149 sq. ft.

Size: Length 56 Width 60 Stories 1 Height 18'

Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: new home

	Base	Plus	Total
<input checked="" type="checkbox"/> Building	\$ _____	\$ _____	\$ <u>207.00</u>
<input checked="" type="checkbox"/> Electrical	\$ <u>151.00</u>	\$ <u>75.00</u> <u>10.00</u>	\$ <u>100.00</u>
<input checked="" type="checkbox"/> Plumbing	\$ <u>9.00</u>	\$ <u>33.00</u>	\$ <u>42.00</u>
<input checked="" type="checkbox"/> Mechanical	\$ <u>18.00</u>	\$ _____	\$ <u>18.00</u>
() Demolition	\$ _____	\$ _____	\$ _____
() Zoning	\$ _____	\$ _____	\$ _____
() Sign	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Water Tap	\$ <u>198.00</u>	\$ <u>5.00</u>	\$ <u>203.00</u>
<input checked="" type="checkbox"/> Sewer Tap	\$ _____	\$ _____	\$ <u>60.00</u>
() Temp Water	\$ _____	\$ _____	\$ _____
() Temp Elec.	\$ _____	\$ _____	\$ _____

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

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

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 = 1 Showers = 1 Lavatories = 3 Kitchen Sinks = 1 Disposal = 1
Clothes Washer = 1 Floor Drains = _____ Dishwasher = 1 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 _____

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 #: 920

DATE ISSUED: 11-21-2001

JOB LOCATION: 605 CAMBRIDGE ST

OWNER: LANKENAU, STEVE

OWNER PHONE: 419-599-7335

CONTRACTOR: BECKS CONSTRUCTION CO

CONTRACTOR PHONE: 419-592-8307

WORK DESCRIPTION: NEW HOME

PLUMBING: UNDGR _____ RGHIN 1-3-02 FINAL 2-27-02

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN 1-3-02 FINAL 2-27-02

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN 1-7-02 FINAL 2-27-02

SERV ~~UPGR~~ 1-7-02

BUILDING: SITE 11-21-01 FTG 11-21-01 FNDDT 11-21-01

STRUC 12-6-01 ROOF 1-7-02 EXT 1-7-02

VENT _____ ACCES _____ EGRS _____

SMKDT 2-27-02 FINAL _____

ISSUE TEMP OCCUP _____ ISSUE OCCUP 2-10-03

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTOR INITIALS: _____

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 #: 920

ISSUED: 11-21-2001

JOB LOCATION: 605 CAMBRIDGE ST

WORK DESCRIPTION: NEW HOME

OWNER: LANKENAU, STEVE

ADDRESS: 539 W WASHINGTON ST NAPOLEON, OH 43545

OWNER PHONE: 419-599-7335

CONTRACTOR: BECKS CONSTRUCTION CO

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

CONTRACTOR PHONE: 419-592-8307

ELECTRIC SERVICE UPGRADE _____ NEW SERVICE INSTALLATION X

INDUSTRIAL _____ COMMERCIAL _____ RESIDENTIAL X 1PHASE X 3PHASE _____

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

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

DESIRED VOLTAGE 120/240 X OTHER _____

UNDERGROUND SERVICE X 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 #: 920

ISSUED: 11-21-2001

JOB LOCATION: 605 CAMBRIDGE ST

OWNER: LANKENAU, STEVE

PHONE: 419-599-7335

ADDRESS: 539 W WASHINGTON ST NAPOLEON, OH 43545

CONTRACTOR: BECKS CONSTRUCTION CO

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

PHONE: 419-592-8307

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

