

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: 676

DATE ISSUED: 07-03-01

ISSUED BY: BND

JOB LOCATION: 630 CAMBRIDGE ST

EST. COST: 100000.00

LOT #: 18

SUBDIVISION NAME: PICKET FENCES

OWNER: KURIVIAL, MIKE
ADDRESS: 606 1/2 1ST ST
CSZ: DEFIANCE, OH 43512
PHONE: 419-782-7421

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: IRR AREA: 12389 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: 55 WIDTH: 55 STORIES: 1 LIVING AREA SF: 1338
GARAGE AREA SF: 528 HEIGHT: 22 BLDG VOL DEMO PERMIT:

WORK DESCRIPTION
NEW HOME

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		237.00
ELECTRICAL PERMIT		99.00
PLUMBING PERMIT		42.00
MECHANICAL PERMIT		18.00
WATER TAP PERMIT		194.00
SEWER PERMIT		189.00

TOTAL FEES DUE 779.00



08-28-01

DATE

John G. Keller

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 6-4-01
 JOB LOCATION 630 Cambridge St
 LOT 18 Picket Fences
 (Subdivision or Legal Description)
 ISSUED BY _____
 (Building Official)

OWNER Mike Kurival PHONE 782-7421
 ADDRESS 606 1/2 1st. St. Defiance
 AGENT MR Builder 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>
() Building	\$ _____	\$ _____	\$ <u>237.00</u>
<input checked="" type="checkbox"/> Electrical	\$ <u>15.00</u>	\$ <u>94.00</u>	\$ <u>99.00</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>189.00</u>	\$ <u>5.00</u>	\$ <u>194.00</u>
<input checked="" type="checkbox"/> Sewer Tap	\$ <u>149.00</u>	\$ <u>60.00</u>	\$ <u>189.00</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	Tri	12,389	25	7	15
Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date	
45'	2		45%		

WORK INFORMATION

Building: Ground Floor Area 1338 sq. ft. Basement Floor Area _____ sq. ft.
 Garage Floor Area 528 sq. ft. 2nd Floor Area _____ sq. ft. Other _____ sq. ft.
 Size: Length 55' Width 55' Stories 1 Height 22'
 Building Volume (for Demolition Permit) _____ cubic feet
 Description of Work: New Home

ELECTRICAL: Contractor Spencer Elec. Phone _____
Address _____ ESTIMATED COST = \$ _____

Type of Work: New () Service Change () Rewiring () Add'l Wiring TEMPORARY ELEC. REQUIRED - () Yes () No
Size of Service 200 Underground Overhead _____ Number of New Circuits 28

Description of Work: New home elec.

PLUMBING: Contractor C.F. Plumbing 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 = _____ Lavatories = 3 Kitchen Sinks = 1 Disposal = 1
Clothes Washer = 1 Floor Drains = _____ Dishwasher = 1 Other _____ Total = 11

Description of Work: _____

MECHANICAL: Contractor Randy Gable Htg + A/C 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 = 1 HOT WATER - () One (1) Pipe () Two (2) Pipes () Series Loop

ELECTRIC HEAT - Number of Circuits _____ Number of Furnaces 1 Number of Hot Air Runs 9

Number of Hot Water Radiators _____ Total Heat Loss 50,000 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 #: 676

DATE ISSUED: 07-03-2001

JOB LOCATION: 630 CAMBRIDGE ST

OWNER: KURIVIAL, MIKE

OWNER PHONE: 419-782-7421

CONTRACTOR: MR. BUILDER LTD

CONTRACTOR PHONE: 419-598-8620

WORK DESCRIPTION: NEW HOME

PLUMBING: UNDGR _____ RGHIN 8-14 FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

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

SERV ~~SPGR~~ 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 _____

ISSUE TEMP OCCUP _____ ISSUE OCCUP 8-5-02

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTOR INITIALS: _____

No. 541

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 630 Cambridge St. occupancy Single Family

Owner of Property Mike Kucival Address 606 1/2 1st. St. Defiance

Issued to Same Address

Zoning R-3 Residential Bldg. Permit No. 676

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

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

Signed *Grant M. Dammann*
City Building Inspector

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 #: 676

ISSUED: 07-03-2001

JOB LOCATION: 630 CAMBRIDGE ST

OWNER: KURIVIAL, MIKE

PHONE: 419-782-7421

ADDRESS: 606 1/2 1ST ST DEFIANCE, OH 43512

CONTRACTOR: MR. BUILDER LTD

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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 Double check valve assembly

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

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 #: 676

ISSUED:07-03-2001

JOB LOCATION: 630 CAMBRIDGE ST

WORK DESCRIPTION: NEW HOME

OWNER: KURIVIAL, MIKE

ADDRESS: 606 1/2 1ST ST DEFIANCE, OH 43512

OWNER PHONE: 419-782-7421

CONTRACTOR: MR. BUILDER LTD

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

CONTRACTOR PHONE: 419-598-8620

ELECTRIC SERVICE UPGRADE _____ NEW SERVICE INSTALLATION X

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

SIZE OF SERVICE 100AMP _____ 150AMP _____ 200AMP Y 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:

