

PERMIT
 CITY OF NAPOLEON, OHIO - BUILDING DEPARTMENT
 255 West Riverview Avenue, Napoleon, Ohio 43545 - (419) 592-4010

Permit No. 3939 Issued 06/14/96
 Job Location 217 Carey
 Lot _____
 Issued by Brent N. Damman
 Owner Kenneth Haase 592-9211
 Address 217 Carey St. Napoleon, OH
 Agent Damman P & H 758-3116
 Address P.O. Box 105 Okolona, OH
 Use Type - Residential X 43555
 Other - Describe _____
 No. Dwelling Units _____
 New _____ Replacement X
 Add'n. _____ Alter _____ Remodel _____
 Mixed Occupancy _____
 Change of Occupancy _____
 Estimated Cost \$ 2557.00

FEES	BASE	PLUS	TOTAL
<input type="checkbox"/> Building	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Electrical	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Plumbing	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Mechanical	\$ <u>5.00</u>	\$ _____	\$ <u>5.00</u>
<input type="checkbox"/> Demolition	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Zoning	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sign	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Water Tap	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sew. Insp.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sewer Tap	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp. Water	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp. Elec.	\$ _____	\$ _____	\$ _____
TOTAL FEES.....			\$ <u>5.00</u>
LESS FEES PAID.....			\$ <u>5.00</u>
BALANCE DUE.....			\$ <u>-0-</u>

ZONING INFORMATION

district	lot dimensions		area	front yd	side yd	rear yd
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd		date appr

WORK INFORMATION

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____
 Height _____ Building Volume (for Demo. Permit) _____

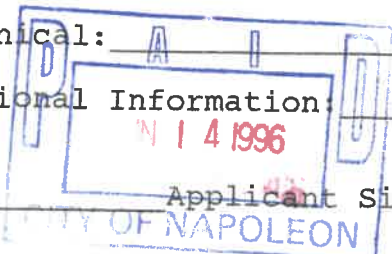
Electrical: _____

Plumbing: _____

Mechanical: New furnace

Additional Information: _____

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. 3939 ISSUED 6-14-96

JOB LOCATION 217 Carey

LOT _____
(Subdivision or Legal Description)

ISSUED BY BND
(Building Official)

OWNER Kenneth Hoase PHONE 592-9211

ADDRESS 217 Carey Nap.

AGENT Damon A H PHONE 758-3116

ADDRESS P.O. Box 105 Okalona Oh
43550

USE: Residential Commercial Industrial
 Other _____

WORK: New Addition Replacement Remodel

ESTIMATED COST = \$ 2557.00

	<u>Base</u>	<u>Plus</u>	<u>Total</u>
<input type="checkbox"/> Building	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Electrical	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Plumbing	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Mechanical	\$ <u>5.00</u>	\$ _____	\$ <u>5.00</u>
<input type="checkbox"/> Demolition	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Zoning	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sign	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Water Tap	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sewer Tap	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp Water	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp Elec.	\$ _____	\$ _____	\$ _____

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

TOTAL FEES \$ 5.00
Less Fees Paid \$ 5.00
BALANCE DUE \$ 0

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date

WORK INFORMATION

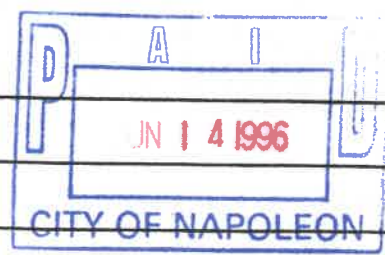
Building: Ground Floor Area _____ sq. ft. Basement Floor Area _____ sq. ft.

1st Floor Area _____ sq. ft. 2nd Floor Area _____ sq. ft. Other _____ sq. ft.

Size: Length _____ Width _____ Stories _____ Height _____

Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: New furnace.



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 = _____ Bathtubs = _____ Showers = _____ Lavatories = _____ Kitchen Sinks = _____ Disposal = _____
Clothes Washer = _____ Floor Drains = _____ Dishwasher = _____ Other _____ 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.

see A 1

Signature of Applicant _____ Date _____

WATER TAPPING PERMIT

issued by

The Napoleon Water Distribution Department

255 West Riverview Ave. Napoleon, Ohio 43545 Ph. 592-4010

Permit No. W-0329 Issued _____ Received of _____ (\$ _____).00

(Charge for tapping permit to supply water service to) Lot No. _____ Sub Div. _____

Street No. _____ Tap Size _____ * Cost \$ _____ .00 Plumber _____

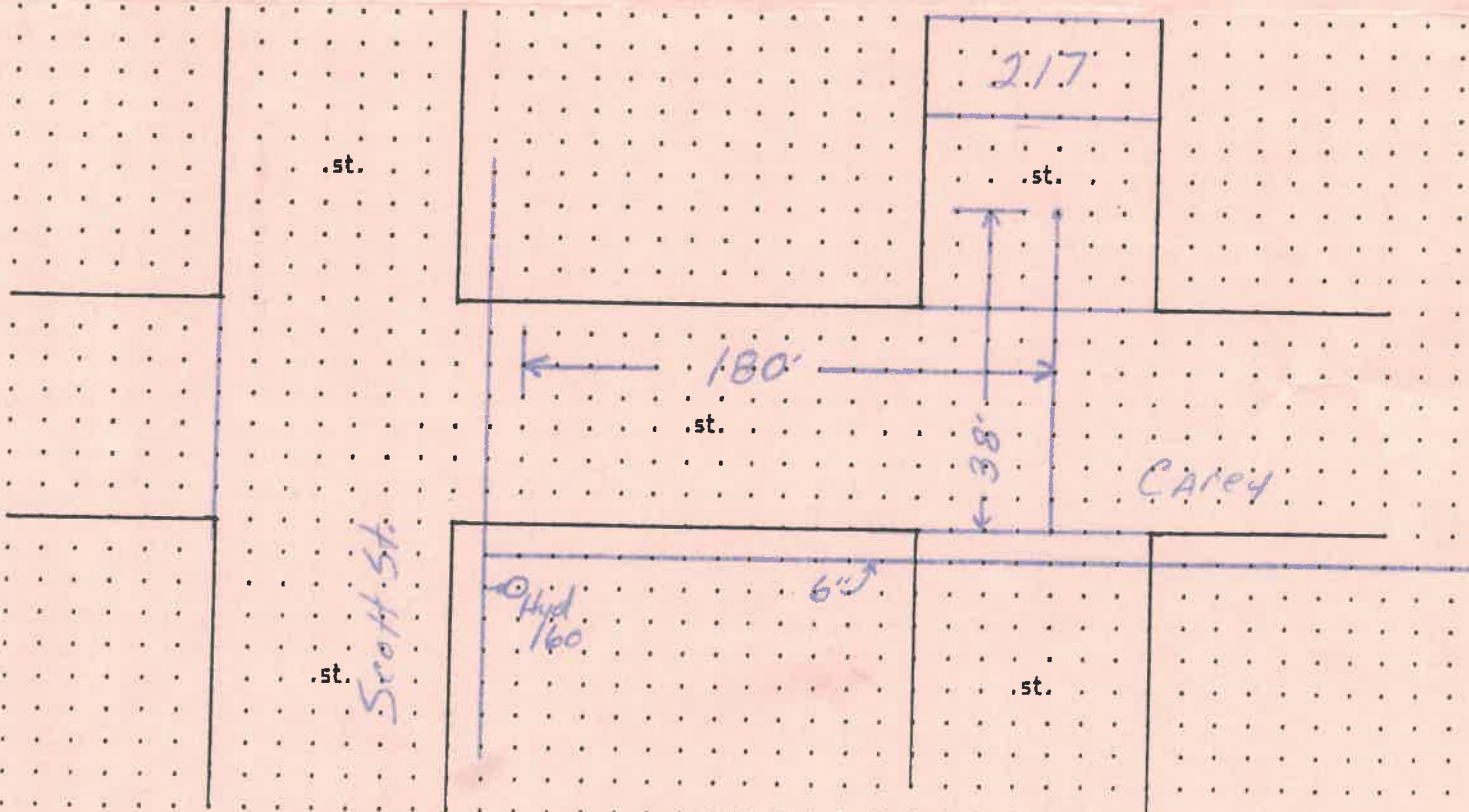
Date completed _____ Approved by *J. H. ...* water distribution dept. _____ finance director

Name *Ken Haase* Size of tap *1"* Date *1-21-98* Street and No. *217 Carey*

Old Tap No. *3246* New Tap No. *9809* Size and Kind of Main *6" CIP*

Location of Main *1' North of North curb* Depth of Main *4 1/2'*

Distance from Hydrant/Valve *180' West of Hyd 160* Distance to Curb Stop from Corp. *38'*



WATER TAPPING PERMIT

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The Napoleon Water Distribution Department
255 West Riverview Ave. Napoleon, Ohio 43545 Ph. 592-4010

Permit No. W-0329 Issued _____ Received of _____ (\$ _____) .00

(Charge for tapping permit to supply water service to) Lot No. _____ Sub Div. _____

Street No. _____ Tap Size _____ " Cost \$ _____ .00 Plumber _____

Date completed _____ Approved by J. E. Mantel water distribution dept. _____ finance director

Name Ken Haase Size of tap 1" Date 1-21-98 Street and No. 217 Carey

Old Tap No. 3246 New Tap No. 9809 Size and Kind of Main 6" CIP

Location of Main 1' North of North curb Depth of Main 4 1/2'

Distance from Hydrant/Valve 180' West of Hyd 160 Distance to Curb Stop from Corp. 38'

