

PERMIT

CITY OF NAPOLEON, OHIO — DEPT. OF BUILDING & ZONING
255 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 592-4010

Permit No. 717 Date Oct. 3, 1983
Job Location 224 Carey St. Valuation \$ 4,100
Owner Virginia Riebesehl Address 224 Carey
Contractor Harold Shaw Telephone No. _____
Address _____
Electric Contractor _____
Plumbing Contractor _____
Mechanical Contractor _____

This permit is issued for work described in the plans, specifications, and/or application submitted, as approved by the Building Commissioner of the City of Napoleon, Ohio. Work shall conform to all pertinent construction and land use Codes and Ordinances.

Work Information:

Residential Commercial _____ Industrial _____
New Construction _____ Addition _____ Remodel _____
Brief Description of Work false ceiling 5 rooms, 3 rooms paneled, bathtub and stool

ISSUED BY *Richard J. Hayman* DEPT. OF BUILDING & ZONING
Building Official **PAID**
OCT 3 - 1983
CITY OF NAPOLEON

It is the owners or contractors responsibility to call the Building Department for the following (x) inspections:

- Footing excavation prior to placing concrete.
- Footing drains and foundation prior to backfill.
- Prepared sub-grade prior to placing concrete floor slab.
- Sanitary sewer
- Rough-in electrical, plumbing and service framing prior to installing wall board.
- Final electrical, plumbing and heating.
- Final building inspection, prior to occupancy.

Building Permit	\$ 16.50
Electrical Permit	\$ _____
Plumbing Permit	\$ _____
Mechanical Permit	\$ _____
Demolition Permit	\$ _____
Zoning Permit	\$ _____
Sign Permit	\$ _____
Water Tap	\$ _____
Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other	\$ _____

TOTAL FEES	\$ 16.50
LESS FEES PAID	\$ 16.50
BALANCE DUE	\$ -0-

Permit is not valid until all fees are paid in full, and shall be void if work is not started within six months of date above.

PERMIT

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255 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 592-4010

717

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PAID

PERMIT & FEES OCT 3 - 1983

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BALANCE DUE	\$ <u>-0-</u>

[Handwritten signature]

INSPECTION RECORD

UNDERGROUND		ROUGH-IN &			FINAL	
Type	Date	By	Type	Date	By	Date
PLUMBING	Sewer Connection		Drainage, W. & Vent			Drainage, W. & Vent
	Building Sewer		Water Piping			Water Heater
	Water Piping		Condensate Lines			Backflow Prevention
			Indirect Waste			
ELECTRICAL	Floor Ducts Raceways		Rough Wiring			FINAL APPROVAL
	Conduits & Cable		Conduits/Cable			Electric Mtr. Clearance
	Grounding & Bonding		Service Panel			Signs
			Switchboard			
			Subpanels			
			<input type="checkbox"/> Range <input type="checkbox"/> Dryer			
MECHANICAL	Refrigerant Piping		Refrigerant Piping			Duct Insulation
	Ducts/Plenums		Ducts/Plenums			Chimney(s)
			Ventilation Supply			Furnace(s)
			<input type="checkbox"/> Exhst.			FINAL APPROVAL
BUILDING	Location, Set-backs, Esmt(s)		Wall Construction			Fireplace Chimney
	Excavation		Crawl Space			Attic
	Footings & Reinforcing		<input type="checkbox"/> Vent <input type="checkbox"/> Access			<input type="checkbox"/> Vent <input type="checkbox"/> Access
	Sub-soil Drain		Floor System(s)			Special Insp Reports Rec'd
	Foundation Walls		Roof System			Smoke Detector
			Fire Wall(s)			Demolition (sewer cap)
	Floor Slab		Roof Cover Roof Drain			Building or Structure
	FINAL APPROVAL BLDG. DEPT		Certificate of Occupancy issued			#

CITY OF NAPOLEON
BUILDING INSPECTION DEPARTMENT
APPLICATION FOR BUILDING PERMIT
(Please print or type)

The undersigned hereby makes application for construction, installation, or alteration work as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Building Codes.

Location of project 224 CAREY Cost of project 4100⁰⁰
Owner's Name VIRGINIA RIEBESHL Address _____
Contractor HAROLD SHAW Telephone No. _____
Address _____

Lot Information: (Not required for siding job)

Lot No. _____ Subdivision _____
Zoning District _____ Lot Size _____ ft. X _____ ft. Area _____ sq. ft.
Setbacks: Front _____ Right Side _____ Left Side _____ Rear _____

Work Information:

Residential Commercial _____ Industrial _____
New Construction _____ Addition _____ Remodel _____
Accessory Building _____ Siding _____
(Specific Type)

Brief Description of Work:----- FALSE CEILING

5 ROOMS 3 ROOMS PANELED BATH TUB & STOOL

Size: Length _____ Width _____ No. of Stories _____

Area: 1st Floor _____ sq. ft. Basement _____ sq. ft.
2nd Floor _____ sq. ft. Accessory Bldg. _____ sq. ft.
3rd Floor _____ sq. ft. Other _____ sq. ft.

Additional Information: PAID 03 OCT 83 IN FULL

APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: ELEVATIONS, FLOOR PLANS, CROSS SECTIONS AND PLOT PLAN. IF ADDITION OR REMODELING, SHOW ALL EXISTING STRUCTURES AND THEIR SIZE AND LOCATION. ALL PLANS SHALL BE DRAWN TO SCALE.

Date 03 OCT 83 Applicant's Signature Harold Shaw

PERMIT NO. 717
PERMIT FEE \$ 16.50

