

PERMIT

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

Permit No. 168-78 Issued 9-28-78
date

Job Location 321 Carey St.
address

Lot n/a
sub-div or legal discript

Issued By R.E. Johnson
building official

Owner James Copeland
name tel.

Address 321 Carey St. Nap, Ohio

Agent Mike Auster Miller 592-7302
builder-eng.-etc. tel.

Address 1079 Dodd St. Nap. Ohio

Description of Use Remodel bath & utility room.

Residential one
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel XX

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$2,500.00

| FEES | BASE | PLUS | TOTAL |
|--|-------------------|------------------|---------|
| <input checked="" type="checkbox"/> BUILDING | \$9.00 | 0 | \$9.00 |
| <input checked="" type="checkbox"/> ELECTRICAL | 5.00 | \$4.00 | 9.00 |
| <input type="checkbox"/> PLUMBING | | | |
| <input type="checkbox"/> MECHANICAL | | | |
| <input type="checkbox"/> DEMOLITION | | | |
| <input type="checkbox"/> ZONING | | | |
| <input type="checkbox"/> SIGN | | | |
| WATER TAP | | | |
| SEWER TAP | | | |
| TEMP. ELECT. | | | |
| ADDITIONAL PLAN REVIEW | Struct. _____ hrs | Elect. _____ hrs | |
| TOTAL FEES..... | | | \$18.00 |
| LESS MIN. FEES PAID _____ date _____ | | | 0 |
| BALANCE DUE..... | | | \$18.00 |

ZONING INFORMATION
n/a

| district | lot dimensions | area | front yd | side yds | 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) _____ cu. ft.

Electrical: new 100 a. serv. & 4 circuits.
brief description

Plumbing: _____
brief description

Mechanical: _____
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

PAID
 OCT 9 1978
 CITY OF NAPOLEON

Additional Information: CALL FOR INSPECTIONS MARKED ON ATTACHED SHEET;

Date 10-9-78 Applicant Signature Michael L. Auster Miller
owner-agent

INSPECTION RECORD

| | UNDERGROUND | | | ROUGH-IN | | | | | | FINAL | | |
|-------------------|---|------|----|--|----------|------|---|---------|------|---------------------------------|---------|------|
| | Type | Date | By | Type | Date | By | Type | Date | By | Type | Date | By |
| PLUMBING | Building Drains | | | Drainage, Waste & Vent Piping | | | Indirect Waste | | | Drainage, Waste & Vent Piping | | |
| | Water Piping | | | | | | | | | Backflow Prevention | | |
| | Building Sewer | | | Water Piping | | | Condensate Lines | | | Water Heater | | |
| | Sewer Connection | | | | | | | | | FINAL APPROVAL | | |
| MECHANICAL | Refrigerant Piping | | | Refrigerant Piping | | | Chimney(s) | | | Grease Exhaust System | | |
| | | | | Duct Furnace(s) | | | Fire Dampers | | | Air Cond. Unit(s) | | |
| | Ducts/Plenums | | | Ducts/Plenums | | | <input type="checkbox"/> Radiant Htr(s) <input type="checkbox"/> Unit Htr(s) | | | Refrigeration Equipment | | |
| | | | | Duct Insulation | | | Pool Heater | | | Furnace(s) | | |
| | | | | Combustion Products Vents | | | Ventilation <input type="checkbox"/> Supply <input checked="" type="checkbox"/> Exhst. | 4/24/78 | PEJ. | FINAL APPROVAL | | |
| ELECTRICAL | Conduits & or Cable | | | Conduits/Cable | | | <input type="checkbox"/> Range <input type="checkbox"/> Dryer | | | Temp Service Temp Lighting | | |
| | Grounding & or Bonding | | | Rough Wiring | 3/1/78 | PEJ. | <input type="checkbox"/> Generator(s) <input type="checkbox"/> Motors | | | Fixtures Lampholders | | |
| | Floor Ducts Raceways | | | Service Panel Switchboard | 10-12-78 | JW. | <input type="checkbox"/> Water Htr <input type="checkbox"/> Welder | | | Signs | | |
| | Service Conduit | | | Busways Ducts | | | <input type="checkbox"/> Heaters <input type="checkbox"/> Heat Cable | | | Electric Mtr. Clearance | | |
| | Temporary Power Pole | | | Subpanels | | | <input type="checkbox"/> Duct Htr(s) <input type="checkbox"/> Furnace(s) | | | FINAL APPROVAL | 11-2-78 | JW. |
| BUILDING | Location, Set-backs, Esmt(s) | | | Exterior Wall Construction | | | Roof Covering Roof Drainage | | | Smoke Detector | | |
| | Excavation | | | | | | Exterior Lath | | | Demolition (sewer cap) | | |
| | Footings & Reinforcing | | | | | | <input type="checkbox"/> Interior Lath <input type="checkbox"/> Wallboard | | | | | |
| | Floor Slab | | | Interior Wall Construction | 4/26/78 | PEJ. | Fire Wall(s) | | | Building or Structure | | |
| | Foundation Walls | | | Columns & Supports | | | Fireplace Chimney | | | | | |
| | Sub-soil Drain | | | Crawl Space <input type="checkbox"/> Vent <input type="checkbox"/> Access | | | Attic <input type="checkbox"/> Vent <input type="checkbox"/> Access | | | | | |
| | Piles | | | Floor System(s) | | | | | | FINAL APPROVAL BLDG. DEPT. | 4/26/78 | PEJ. |
| | | | | Roof System | | | Special Insp Reports Rec'd | | | Certificate of Occupancy Issued | | |
| ADDITIONAL | INSPECTIONS, CORRECTIONS, ETC. | | | | | | INSPECTIONS, CORRECTIONS, ETC. | | | | | |
| | 4 amp on Sub Panel 2nd floor 10-19-78 - | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

CITY OF NAPOLEON
BUILDING INSPECTION DEPARTMENT
APPLICATION FOR CONSTRUCTION PERMIT
(PLEASE PRINT OR TYPE)

168-78
\$9.00

The undersigned hereby makes application for the construction, installation, replacement or alteration as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's Building Code for 1, 2 and 3 Family Buildings.

Owner's Name James Copeland Address 321 Carey St. ^{NAPOLEON, OHIO 43545}
Builder's Name Mike Austermillers Address 1619 DODD ST. Tel. 592-7302

LOT INFORMATION: (Not required for roofing or siding job.)

Location of Project 321 Carey St. Lot# _____
Subdivision _____ Lot Area _____ Sq. Ft. _____
Yard Setback: Front _____ Rear _____ Left Side _____
Right Side _____ Zoning District GB

BUILDING INFORMATION:

Single Double _____ Multiple _____ New Construction _____
Addition _____ Remodel Attached Garage _____
Detached Garage _____ Accessory Building _____ Replacement _____

Brief Description of Work: Make Laundry into New Batho EXISTING Bath into Laundry. Rebuild 1 wall, rewire, tear everything to Rough and Finish.

Size: Length _____ Width _____ No. of Stories _____
Floor Area: 1st Floor _____ Sq. Ft. 2nd Floor _____ Sq. Ft.
3rd Floor _____ Sq. Ft. Basement _____ Sq. Ft.
Unfinished Attic _____ Garage _____

Foundation: Piers _____ Full Basement _____ Part Basement _____
Concrete _____ Thickness _____ Block _____ Size _____

Walls: Frame _____ Block _____ Brick _____ Other _____
Specific Type of Exterior Siding _____

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

ESTIMATED COST OF COMPLETED PROJECT: \$ 2,000

DATE 9-27-78 APPLICANT'S SIGNATURE Michael L. Austermillers
OWNER-BUILDER-AGENT

CITY OF NAPOLEON
BUILDING INSPECTION DEPARTMENT
APPLICATION FOR ELECTRICAL PERMIT
(PLEASE PRINT OR TYPE)

5.00
4.00
9.00

The undersigned hereby makes application for the installation, replacement, or alteration of electrical equipment as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Electrical Code for 1, 2 and 3 Family Buildings.

Owner's Name James Copeland Address 321 Carey St. ^{NAPOLEON} Tel. 592-7302
Contractor's Name Mike Auster Miller Address 1079 DODD ST. ^{NAPOLEON} Tel. 592-1360

LOT INFORMATION:

Location of Project 321 Carey St. Zoning District General Business ^{"GB"}

BUILDING INFORMATION:

Single Family Double Family _____ Multiple Family _____
New Construction _____ Existing _____ Addition _____
Replacement _____ Remodel Bath, Laundry Service Change
Size: Total Square Foot Per Floor _____ No. of Stories 2

DESCRIPTION OF WORK

Size of Service 100 AMP. Service Change Only NO (Yes or No)
1 GROUND FAULT, 1 WASHER, 1 LIGHTING TO REPLACE EXISTING LIGHTING
Total Number of New Circuits 4 ^{DRYER} Excluding Appliance Circuits _____
CIRCUIT

APPLIANCE CIRCUITS: (indicate quantity)

Electric Range Range Hood _____ Clothes Dryer Dishwasher _____
Air Conditioner _____ Attic Fan Blower _____ Room Exhaust Fan
Disposal _____ Hot Water Heater _____ Electric Oven _____
Require Temporary Electric NO (Yes or No)

Note: G.F.I.C. required for all temporary electric with approved ground rod at service

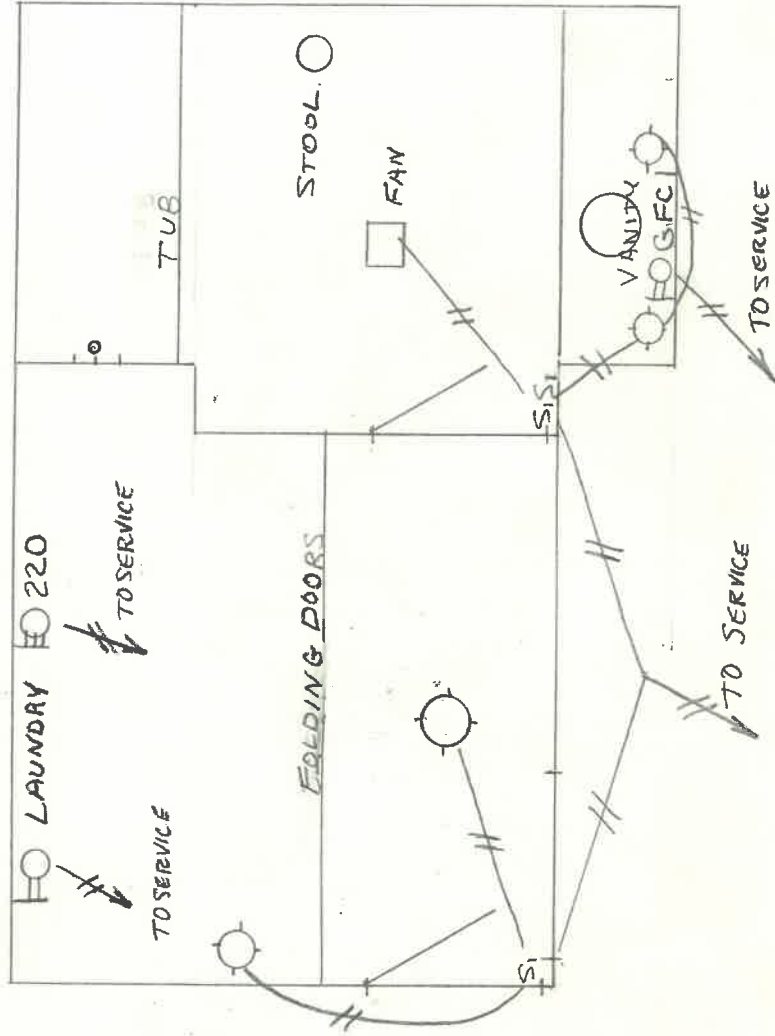
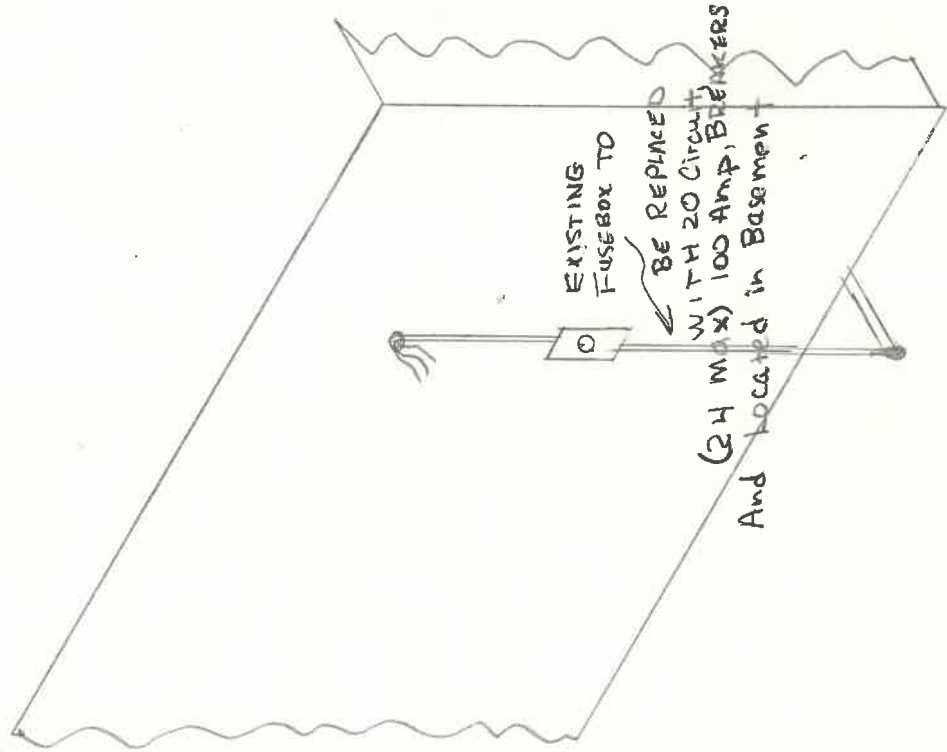
APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: ELECTRICAL LAY-OUT AND RISER DIAGRAM.

ESTIMATED COST OF COMPLETED PROJECT: \$ 500

DATE 9/26/78 APPLICANT'S SIGNATURE Michael Auster Miller
OWNER-CONTRACTOR-AGENT

JAMES COPELAND RES.
321 CAREY ST.
NAPOLEON, OHIO 43545

SEPT. 26, 1978



BY MIKE AUSTERMILLER

