

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: 922 DATE ISSUED: 11-21-01 ISSUED BY: SKE
JOB LOCATION: 1135 CHELSEA AVE EST. COST: 150000.00

LOT #: 56 SUBDIVISION NAME: G-H 4TH

OWNER: LANKENAU, RONALD AGENT: KAHLE DESIGN & BLD
ADDRESS: 260 ORCHARD LN ADDRESS: 4615 ADAMS RIDGE RD
CSZ: NAPOLEON, OH 43545 CSZ: DEFIANCE, OH 43512
PHONE: 419-592-7441 PHONE: 419-497-4805

USE TYPE - RESIDENTIAL: X OTHER:

ZONING INFORMATION

DIST: R-3 LOT DIM: N/A AREA: N/A FYRD: 25 SYRD: N/A RYRD: N/A
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: 53 WIDTH: 48 STORIES: 1 LIVING AREA SF: 3202
GARAGE AREA SF: 431 HEIGHT: 20 BLDG VOL DEMO PERMIT:

WORK DESCRIPTION
NEW HOME-CONDO

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		277.00
ELECTRICAL PERMIT		100.00
PLUMBING PERMIT		54.00
MECHANICAL PERMIT		30.00
WATER TAP PERMIT		189.00
SEWER PERMIT		96.00
TOTAL FEES DUE		746.00

DATE

David R. Kelle
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 1135 Chelsea Ave
 LOT 56 G-H 4th
 (Subdivision or Legal Description)

ISSUED BY _____
 (Building Official)

OWNER Ronald Lankeau PHONE _____

ADDRESS _____

AGENT Kelle Design Build PHONE _____

ADDRESS _____

USE: Residential () Commercial () Industrial
 Other _____

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

ESTIMATED COST = \$ 150,000

	Base	Plus	Total
<input checked="" type="checkbox"/> Building	\$ <u>237.00</u>	\$ <u>40.00</u>	\$ <u>277.00</u>
<input checked="" type="checkbox"/> Electrical	\$ <u>15.00</u>	\$ <u>85.00</u>	\$ <u>100.00</u>
<input checked="" type="checkbox"/> Plumbing	\$ <u>9.00</u>	\$ <u>45.00</u>	\$ <u>54.00</u>
<input checked="" type="checkbox"/> Mechanical	\$ <u>18.00</u>	\$ <u>12.00</u>	\$ <u>30.00</u>
() Demolition	\$ _____	\$ _____	\$ _____
() Zoning	\$ _____	\$ _____	\$ _____
() Sign	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Water Tap	\$ _____	\$ _____	\$ <u>189.00</u>
<input checked="" type="checkbox"/> Sewer Tap	\$ _____	\$ _____	\$ <u>96.00</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
<u>R-3</u>	<u>N/A</u>	<u>N/A</u>	<u>25</u>	<u>N/A</u>	<u>N/A</u>

Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date
<u>45'</u>	<u>2</u>		<u>45%</u>	

WORK INFORMATION

Building: Ground Floor Area 1662 sq. ft. Basement Floor Area 1540 sq. ft.
 Garage Floor Area 431 sq. ft. 2nd Floor Area _____ sq. ft. Other Porches 151 sq. ft.
 Size: Length 53 Width 48 Stories 1 Height 20
 Building Volume (for Demolition Permit) _____ cubic feet
 Description of Work: New Home - Condo

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 = 3 Bathtubs = 1 Showers = 2 Lavatories = 4 Kitchen Sinks = 1 Disposal = 1

Clothes Washer = 1 Floor Drains = _____ Dishwasher = 1 Other LT-1 Total = 15

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 #: 922

DATE ISSUED: 11-21-2001

JOB LOCATION: 1135 CHELSEA AVE

OWNER: LANKENAU, RONALD

OWNER PHONE: 419-592-7441

CONTRACTOR: KAHLE DESIGN & BLD

CONTRACTOR PHONE: 419-497-4805

WORK DESCRIPTION: NEW CONDO

PLUMBING: UNDGR _____ RGHIN 3-11-02 FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN 3-11-02 FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN 3-11-02 FINAL _____

SERV UPGR _____

BUILDING: SITE 11-21-01 FTG 11-21-01 FNDDT 12-6-01

STRUC 3-11-02 ROOF 3-11-02 EXT _____

VENT _____ ACCES _____ EGRS _____

SMKDT _____ FINAL _____

ISSUE TEMP OCCUP _____ ISSUE OCCUP 2-10-03

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTOR INITIALS: _____

WATER TAPPING PERMIT

issued by

The Napoleon Water Distribution Department

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

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

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

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

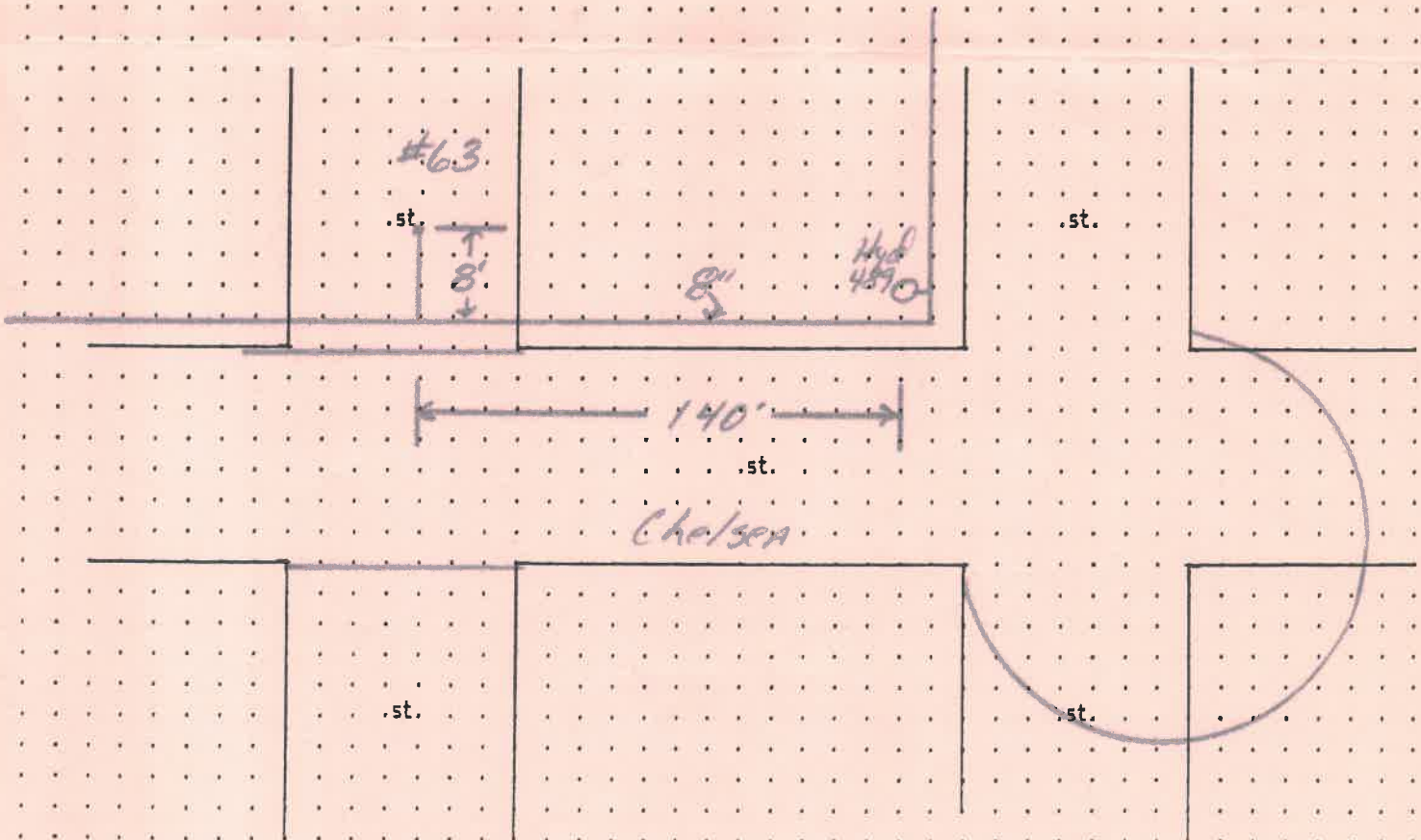
Date completed 08-28, 1999 Approved by [Signature] water distribution dept. _____ finance director

Name Lot 63 Size of tap 1" Date 8-99 Street and No. 1135 Chelsea

Old Tap No. - New Tap No. 9943 Size and Kind of Main 8" C-900

Location of Main 7' South of South curb Depth of Main 5'

Distance from Hydrant/Valve 140' East of Hyd 489 Distance to Curb Stop from Corp. 8'



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 #: 922

ISSUED: 11-21-2001

JOB LOCATION: 1135 CHELSEA AVE

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PHONE: 419-592-7441

ADDRESS: 260 ORCHARD LN NAPOLEON, OH 43545

CONTRACTOR: KAHLE DESIGN & BLD

ADDRESS: 4615 ADAMS RIDGE RD DEFIANCE, OH 43512

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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 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

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 #: 922

ISSUED: 11-21-2001

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OWNER PHONE: 419-592-7441

CONTRACTOR: KAHLE DESIGN & BLD

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CONTRACTOR PHONE: 419-497-4805

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, OHIO

255 WEST RIVERVIEW AVENUE, P.O. BOX 151
NAPOLEON, OHIO 43545-0151
(419) 592-4010
FAX (419) 599-8393

Fax Transmission

Mayor
J. Andrew Small

To: _____

Members of Council
Michael J. DeWit, President
Terri A. Williams
James Hershberger
Travis B. Sheaffer
John A. Heiberg
Jean A. Steele
Glenn A. Miller

Company Name: Kahle Design - Build

Fax Number: 419-782-7756

Number of Pages (Including Cover Page): 3

From: Brent N. Damman

Date: 11/21/01 Time: 1:10 pm

City Manager
Dr. Jon A. Bisher

Operator: Sandy Eberle

Finance Director
Gregory J. Heath

Comments:

Condos - 1135 Chelsea Ave.

Law Director
David M. Grahn

1125 Chelsea Ave.

City Engineer
Joseph R. Kleiner, P.E.

Copy of Permits ^{fees} for each location to follow.

Thank you!

Please call (419) 592-4010 if you have any trouble receiving this Transmission or you did not receive the number of pages shown above.

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