

# THE CITY OF NAPOLEON

## BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

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**Building Permit**

**Permit Number:** BP2006-50

Page 1 of 1

Printed: 7/11/2006

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**ADDRESS:**

**1136 Chelsea Ave.**

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**Applicant****Approval Date:**

**Name:** KAHLE DESIGN & BUILD

**Address:** 4615 ADAMS RIDGE RD  
DEFIANCE, OH 43512

**Phone:** 491-497-4805

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**Owners**

**Name:** Kahle Design & Build

**Phone:** 419-497-4805

**Address:** 4615 Adams Ridge Rd  
Defiance, OH 43512

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**Contractors****Contractor Type: Builder**

**Name:** KAHLE DESIGN & BUILD

DEFIANCE, OH 43512

**Address:** 4615 ADAMS RIDGE RD

**Phone:** 491-497-4805

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**Fees and Receipts:**

Number	Description	Amount
FEE2006-285	New building permit fee (Auto)	\$260.70
<b>Total Fees:</b>		<b>\$260.70</b>
RCPT2006-133		\$260.70
<b>Total Receipts:</b>		<b>\$260.70</b>

0

0

new home

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APPLICANTS SIGNATURE:

DATE:



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**THE CITY OF NAPOLEON  
BUILDING & ZONING DEPARTMENT  
255 W. RIVERVIEW  
(419)592-4010**



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**Inspections**

Page 1 of 2

**Address:** 1136 Chelsea Ave.  
Napoleon, OH 43545

Printed: 2/7/2007

**Applicant:** KAHLE DESIGN & BUILD

**Permit Number:** BP2006-50

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**Inspection Date:** 7/14/2006  
**Inspection Number:** INSP2006-67  
**Inspection Type:** Footer

**Inspector:** Tom  
**Status:** Approved  
**Passed?**

**Required Steps:**

**Comments:**

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**Inspection Date:** 7/26/2006  
**Inspection Number:** INSP2006-68  
**Inspection Type:** Foundation Wall

**Inspector:** Tom  
**Status:** Approved  
**Passed?**

**Required Steps:**

**Comments:**

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**Inspection Date:** 8/2/2006  
**Inspection Number:** INSP2006-103  
**Inspection Type:** Footer

**Inspector:** Tom  
**Status:** Approved  
**Passed?**

**Required Steps:**

**Comments:** oked footer for garage

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**Inspection Date:** 8/4/2006  
**Inspection Number:** INSP2006-104  
**Inspection Type:** Foundation Wall

**Inspector:** Tom  
**Status:** Approved  
**Passed?**

**Required Steps:**

**Comments:** oked foundation for garage

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**Inspection Date:** 8/4/2006  
**Inspection Number:** INSP2006-105  
**Inspection Type:** Slab

**Inspector:** Tom  
**Status:** Approved  
**Passed?**

**Required Steps:**

**Comments:**

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**Inspection Date:** 10/25/2006  
**Inspection Number:** INSP2006-199  
**Inspection Type:** Driveway

**Inspector:** Rex Moll  
**Status:** Approved  
**Passed?**

**Required Steps:**



**Comments:**

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**Inspection Date:** 11/16/2006  
**Inspection Number:** INSP2006-223  
**Inspection Type:** Framing

**Inspector:** Tom  
**Status:** Approved  
**Passed?**

**Required Steps:**

**Comments:** oked rough 1136 only

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**Inspection Date:** 2/7/2007  
**Inspection Number:** INSP2007-29  
**Inspection Type:** Building Final

**Inspector:** Tom  
**Status:** Complete  
**Passed?**

**Required Steps:**

**Comments:**

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**Other Fields:**



**THE CITY OF NAPOLEON  
BUILDING & ZONING DEPARTMENT  
255 W. RIVERVIEW  
(419)592-4010**



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**Inspections**

Page 1 of 1

**Address:** 1136 Chelsea Ave.  
Napoleon, OH 43545

Printed: 2/7/2007

**Applicant:** KAHLE DESIGN & BUILD

**Permit Number:** EL2006-19

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**Inspection Date:** 11/16/2006  
**Inspection Number:** INSP2006-224  
**Inspection Type:** Electric Rough

**Inspector:** Tom  
**Status:** Approved  
**Passed?**

**Required Steps:**  
**Comments:**

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**Inspection Date:** 12/7/2006  
**Inspection Number:** INSP2006-261  
**Inspection Type:** Electrical

**Inspector:** Tom  
**Status:** Approved  
**Passed?**

**Required Steps:**  
**Comments:**

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**Inspection Date:** 2/7/2007  
**Inspection Number:** INSP2007-30  
**Inspection Type:** Electric Final

**Inspector:** Tom  
**Status:** Denied  
**Passed?**

**Required Steps:**  
**Comments:**

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**Other Fields:**





**THE CITY OF NAPOLEON**  
**BUILDING & ZONING DEPARTMENT**  
**255 W. RIVERVIEW**  
**(419)592-4010**

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**Certificate of Occupancy**

2/7/2007

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**Address: 1136 Chelsea Ave.**  
Napoleon, OH 43545

**Permit #: BP2006-50**

**Owner:**

Kahle Design & Build

4615 Adams Ridge Rd

Defiance, OH 43512

**SUBSTANTIAL QUALIFICATIONS  
OF OCCUPANCY**

This certificate is issued by the  
City Building Inspector, as  
completed substantially in  
conformity with the approved  
plans as 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

**THIS IS A VALUABLE RECORD  
FOR OWNER OR LESSEE AND  
SHOULD BE SO PRESERVED.**

**Approved Occupancy #:**

**Issued: 2/7/2007**

**By: Tom Zimmerman**

**Signature:**  \_\_\_\_\_



# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID KS  
GEDDI-1

DATE (MM/DD/YYYY)  
03/26/07

**PRODUCER**  
Rudy Stapleton & Son, Inc.  
122 N. Main Street  
P.O. Box 147  
Swanton OH 43558  
Phone: 419-825-1156 Fax: 419-825-1150

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**  
Geddis Paving & Excavating  
Mr. Robert Geddis  
1019 Wamba Avenue  
Toledo OH 43607

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Motorists Mutual Insurance Co.	14621
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	<b>GENERAL LIABILITY</b>	33.248611	03/31/07	03/31/08	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
		<input checked="" type="checkbox"/> X, C & U Included				PERSONAL & ADV INJURY	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$ 2,000,000
		<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$ 2,000,000
A		<b>AUTOMOBILE LIABILITY</b>	33.248611	03/31/07	03/31/08	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
A	X	<b>EXCESS/UMBRELLA LIABILITY</b>	33.248611	03/31/07	03/31/08	EACH OCCURRENCE	\$ 5,000,000
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 5,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	33.248611 OHIO STOP GAP	03/31/07	03/31/08	WC STATUTORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	\$ 500,000
						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000
A		<b>Leased, Rented or Borrowed Equipment</b>	33.248611	03/31/07	03/31/08	Limit	\$100,000
						Deduct.	\$500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate holder is listed as additional insured.

## CERTIFICATE HOLDER

## CANCELLATION

CITYO17

City of Napoleon, Ohio  
255 West Riverview Avenue  
P.O. Box 151  
Napoleon OH 43545-0151

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*James R Stapleton*



# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SJ  
SCHOI10

DATE (MM/DD/YYYY)  
03/27/07

**PRODUCER**  
Knight Crockett Miller  
Insurance Group  
22 North Erie Street  
Toledo OH 43604-6943  
Phone: 419-241-5133 Fax: 419-321-5280

**INSURED**  
  
Schoen Inc.  
Charles Schoen  
200 South Westwood Avenue  
Toledo OH 43607

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Westfield Group	24112
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		<b>GENERAL LIABILITY</b>	TRA3591617	04/01/07	04/01/08	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
						GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
A		<b>AUTOMOBILE LIABILITY</b>	TRA3591617	04/01/07	04/01/08	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
A		<b>EXCESS/UMBRELLA LIABILITY</b>	TRA3591617	04/01/07	04/01/08	EACH OCCURRENCE	\$ 5,000,000
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 5,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$ 0					\$
A		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	TRA3591617	04/01/07	04/01/08	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	\$ 1,000,000
		OTHER				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

NAPOCI1

City of Napoleon  
Brent Damman  
255 W. Riverview Avenue  
Napoleon OH 43545

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
*Kenneth P. Knight*

