

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: 99427 DATE ISSUED: 11-22-99 ISSUED BY: BND
JOB LOCATION: 1185 CHELSEA AVE EST. COST: 96158.00
LOT #: 56 SUBDIVISION NAME: G/H 4TH

OWNER: KAHLE DESIGN BUILD AGENT: KAHLE BUILDERS
ADDRESS: 04615 ADAMS RIDGE RD ADDRESS: 26761 BEHRENS RD
CSZ: DEFIANCE, OH 43512 CSZ: DEFIANCE, OH 43512
PHONE: 419-497-4805 PHONE: 419-782-7756

USE TYPE - RESIDENTIAL: X OTHER:

ZONING INFORMATION

DIST: R-4 LOT DIM: AREA: 7936 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: 52 WIDTH: 53 STORIES: 1 LIVING AREA SF: 1852
GARAGE AREA SF: 474 HEIGHT: 18 BLDG VOL DEMO PERMIT:

WORK DESCRIPTION
NEW HOME (CONDO)

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		155.00
ELECTRICAL PERMIT		86.00
PLUMBING PERMIT		44.00
MECHANICAL PERMIT		18.00
WATER TAP PERMIT		189.00
SEWER PERMIT		96.00

TOTAL FEES DUE 588.00

11/22/99

DATE

David B. Kelle

APPLICANT SIGNATURE



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 #: 99426

ISSUED: 11-22-99

JOB LOCATION: 1185 CHELSEA AVE

OWNER: KAHLE DESIGN BUILD

PHONE: 419-497-4805

ADDRESS: 04615 ADAMS RIDGE RD DEFIANCE, OH 43512

CONTRACTOR: KAHLE BUILDERS

ADDRESS: 26761 BEHRENS RD DEFIANCE, OH 43512

PHONE: 419-782-7756

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 Double check valve assembly

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 #: 99426

ISSUED: 11-22-99

JOB LOCATION: 1185 CHELSEA AVE + 1175 Chelsea Ave.

WORK DESCRIPTION: NEW HOME (CONDO)

OWNER: KAHLE DESIGN BUILD

ADDRESS: 04615 ADAMS RIDGE RD DEFIANCE, OH 43512

OWNER PHONE: 419-497-4805

CONTRACTOR: KAHLE BUILDERS

ADDRESS: 26761 BEHRENS RD DEFIANCE, OH 43512

CONTRACTOR PHONE: 419-782-7756

ELECTRIC SERVICE UPGRADE _____ NEW SERVICE INSTALLATION X

INDUSTRIAL _____ COMMERCIAL _____ RESIDENTIAL ^ 1PHASE X 3PHASE _____

SIZE OF SERVICE 100AMP _____ 150AMP _____ 200AMP X 400AMP _____ OTHER _____

HUB SIZE - 1 1/4" _____ 1 1/2" _____ 2" _____ 2 Gang

DESIRED VOLTAGE 120/240 X OTHER _____

UNDERGROUND SERVICE X OVERHEAD SERVICE _____

=====

DATE COMPLETED: _____ APPROVED BY: _____

OLD METER NUMBER: _____ NEW METER NUMBER: _____

COMMENTS:

WATER TAPPING PERMIT

issued by

The Napoleon Water Distribution Department
255 West Riverview Ave. Napoleon, Ohio 43545 Pn. 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 _____

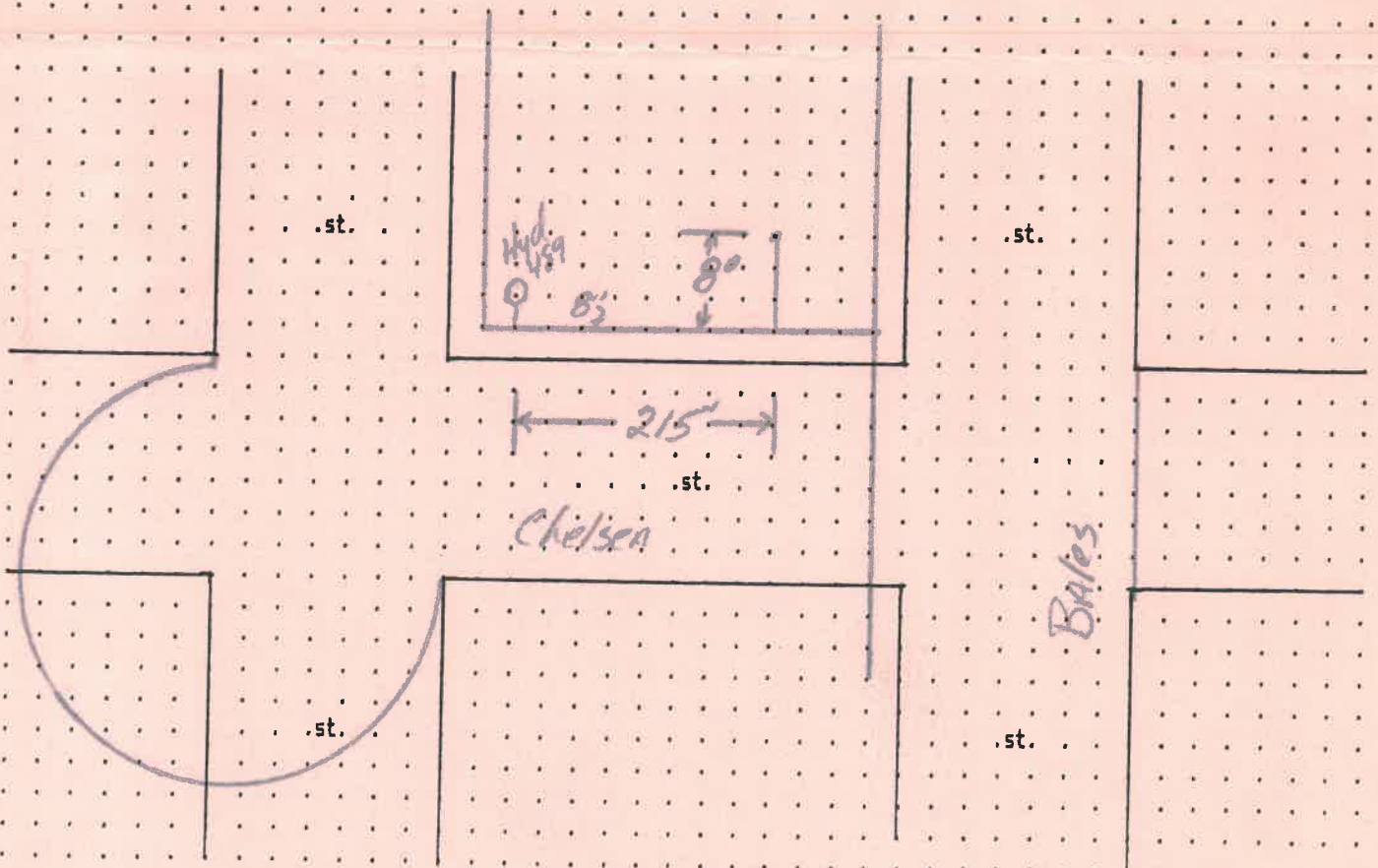
Date completed _____ Approved by Jeffrey C. Mantua
water distribution dept. _____ finance director

Name _____ Size of tap 1" Date 8-99 Street and No. 1185 Chelsea

Old Tap No. — New Tap No. 99100 Size and Kind of Main 8" C-900

Location of Main 5' EAST OF EAST CURB Depth of Main 5'

Distance from Hydrant/Valve 215' South of Hyd 489 Distance to Curb Stop from Corp. 8'



Napoleon

NEW HOME AND ADDITION PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITION, REMODELING.

DATE 4-20-04 JOB LOCATION 1142 Bales Rd.
 LOT # 57 SUBDIVISION NAME G + H 5th
 OWNER Gary Bernath *PHONE 1-440-985-2016
 *OWNER ADDRESS 133 Cental Dr. *CITY Ambest, Ohio ZIP 44001
 CONTRACTOR - Kalle Design Build PHONE _____
 CONTRACTOR ADDRESS _____ CITY _____ ZIP _____
 CONTRACTOR FAX # _____ *CELL PHONE (Opt.) 576-6295
 DESCRIPTION OF WORK TO BE PERFORMED: New Home
 *ESTIMATED COST OF WORK TO BE PERFORMED: \$190,837.00

WORK INFORMATION

BUILDING: Basement Floor Area _____ Sq. Ft. 1st Story Living Area 2010 Sq. Ft.
 2nd Floor Living Area _____ Sq. Ft. *Garage Floor Area 524 Sq. Ft.
 BUILDING SIZE: Length 56' Width 60' Stories 1 Height 22' DEMO VOL _____
 *Masonry Contractor Dean Sore Phone 419-456-3298 Fax _____
 Address 11736 Powell City Ottawa St Ohio Zip 45875
 *Electrical Contractor Tom Sprisco Phone 419-592-9125 Fax _____
 Address _____ City Napoleon St Ohio Zip 43545
 *Plumbing Contractor Kalle Design + Build Phone 419-497-4805 Fax 419-497-9939
 Address 4615 Adams Ridge Rd City Drafts St Ohio Zip 43512
 *Heating Contractor Meyers Heating & AC Phone 419-282-4851 Fax _____
 Address 1219 Tusculum City Drafts St Ohio Zip 43512
 *Insulation Contractor Mompe Insulation Phone 1-260-432-2543 Fax _____
 Address 2431 West Main St City Fort Wayne St Ind. Zip 46808

Other Contractor attach information.

ZONING INFORMATION (to be completed by City): District R-4 Lot Dimensions IRR
 Lot Area 9242 FRSB 25 SYSB 0 RYSB 15 Max Ht 45 ft Max Cov 45 %

I by signing below agree to comply with all applicable City of Napoleon Codes & Ordinances while performing the work herein described. I understand that all work for which a permit is issued is required to be approved by the building inspector of the City of Napoleon.

*Applicant Signature Dan R Kalle *Date 4/20/04

Please complete areas marked *

Napoleon

NEW HOME AND ADDITION PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITION, REMODELING.

DATE 4-20-04 JOB LOCATION 1142 Bales Rd.

LOT # 57 SUBDIVISION NAME G + H 5th

OWNER Gary Bernath *PHONE _____

*OWNER ADDRESS _____ *CITY _____ ZIP _____

CONTRACTOR - Kahle Design Build PHONE _____

CONTRACTOR ADDRESS _____ CITY _____ ZIP _____

CONTRACTOR FAX # _____ *CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: New Home

*ESTIMATED COST OF WORK TO BE PERFORMED: _____

WORK INFORMATION

BUILDING: Basement Floor Area _____ Sq. Ft. *1st Story Living Area _____ Sq. Ft.

2nd Floor Living Area _____ Sq. Ft. *Garage Floor Area _____ Sq. Ft.

BUILDING SIZE: Length _____ Width _____ Stories _____ Height _____ DEMO VOL _____

*Masonry Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

*Electrical Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

*Plumbing Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

*Heating Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

*Insulation Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Other Contractor attach information.

ZONING INFORMATION (to be completed by City): District _____ Lot Dimensions _____
Lot Area _____ FRSB _____ SYSB _____ RYSB _____ Max Ht _____ ft Max Cov _____ %

I by signing below agree to comply with all applicable City of Napoleon Codes & Ordinances while performing the work herein described. I understand that all work for which a permit is issued is required to be approved by the building inspector of the City of Napoleon.

*Applicant Signature _____ *Date _____

Please complete areas marked *

New Home Permit

Electrical:

Size of Service 200 Underground Overhead _____ Number of New Circuits 25

Plumbing:

Water Tap Required - Yes () No Size 1" Type of Pipe C+S SDR9^{PE} Water Dist. Pipe _____

Sanitary Sewer Tap Required - Yes () No Size 6" Type of Pipe SDR35 PVC Dr. Waste VT. Pipe _____

Main Building Drain Size 4" Main Vent Pipe Size 3"

List Number of Plumbing Fixtures Below

Water Closets 2 Bathtubs 1 Showers 1 Lavatories 2 Kitchen Sinks 1 Disposal 1

Clothes Washer _____ Floor Drains 1 Dishwasher 1 Laundry Sink _____ Other _____

Total 11

Mechanical:

Heating Systems

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 1 Hot Water - () One (1) Pipe () Two (2) Pipes () Series Loop

Electric Heat - Number of Circuits _____ Number of Furnaces 1 Number of Hot Air Runs 12

Number of Hot Water Radiators _____ Total Heat Loss _____ Rated Capacity of Furnace/Boiler 80K

Location of Equipment - () Crawl Space Floor Level () Attic () Suspended () Roof () Outside

1175 + 1185 Chelsea

CITY OF NAPOLEON OHIO PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITION, REMODELING.

DATE 11/18/99 JOB LOCATION Chelsea Condo

LOT # 56 SUBDIVISION NAME Green-Hospital 4th addition

OWNER Kalle Design + Build / Ms. Barbara Stigh PHONE 497-4805

OWNER ADDRESS 04615 Adams Ridge Rd CITY Delaware / Napoleon ZIP 43912

CONTRACTOR Kalle Design + Build PHONE 497-4805

CONTRACTOR ADDRESS 04615 Adams Ridge Rd CITY Delaware ZIP 43912

CONTRACTOR FAX # (419) 282-7256 CELL PHONE (Opt.) 439-0116

DESCRIPTION OF WORK TO BE PERFORMED: Building 2 unit condo

ESTIMATED COST OF WORK TO BE PERFORMED: \$192,315.00

WORK INFORMATION

BUILDING: Basement Floor Area 0 Sq. Ft. 1st Story Living Area 3340 Sq. Ft.

2nd Floor Living Area 0 Sq. Ft. Garage Floor Area 946 Sq. Ft.

BUILDING SIZE: Length _____ Width _____ Stories 1 Height _____ DEMO VOL _____

X Masonry Contractor Hernandez Masonry Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Electrical Contractor Tom Spicce Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Plumbing Contractor Kalle Design + Build Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

X Heating Contractor Meyer Heating & A/C Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Insulation Contractor Meyer Insulation Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Other Contractor attach information.

ZONING INFORMATION (to be completed by City): District _____ Lot Dimensions _____
Lot Area 7936 each FRSB 35 SYSB _____ RYSB _____ Max Ht _____ ft Max Cov _____ %
15872 N/A

I by signing below agree to comply with all applicable City of Napoleon Codes & Ordinances while performing the work herein described. I understand that all work for which a permit is issued is required to be approved by the building inspector of the City of Napoleon.

Applicant Signature David R Kalle Date 11/18/99

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 _____

LOT _____
 (Subdivision or Legal Description)

ISSUED BY _____
 (Building Official)

OWNER _____ PHONE _____

ADDRESS _____

AGENT _____ PHONE _____

ADDRESS _____

USE: () Residential () Commercial () Industrial
 () Other _____

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

ESTIMATED COST = \$ _____

	<u>Base</u>	<u>Plus</u>	<u>Total</u>
(X) Building	\$ 237	\$ 74	\$ 311 155
(X) Electrical	\$ 30.00	\$ 132.00 ⁺¹⁰	\$ 172 86
(X) Plumbing	\$ 18.00	\$ 69.00	\$ 87 44
(X) Mechanical	\$ 36.00		\$ 36 18
() Demolition	\$ _____	\$ _____	\$ _____
() Zoning	\$ _____	\$ _____	\$ _____
() Sign	\$ _____	\$ _____	\$ _____
(X) Water Tap	\$ 184	\$ 184 ⁺¹⁰	\$ 378 189
(X) Sewer Tap	\$ _____	\$ _____	\$ 192 96
() Temp Water	\$ _____	\$ _____	\$ _____
() Temp Elec.	\$ _____	\$ _____	\$ _____

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

TOTAL FEES \$ _____
 Less Fees Paid \$ _____
 BALANCE DUE \$ _____

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard
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Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date
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WORK INFORMATION

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

ELECTRICAL: Contractor _____ Phone _____

Address _____ ESTIMATED COST = \$ _____

Type of Work: New Service Change Rewiring Add'l Wiring TEMPORARY ELEC. REQUIRED - Yes No

Size of Service 2000 Underground Overhead _____ Number of New Circuits 44

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 = 4 Bathtubs = 2 Showers = 2 Lavatories = 5 Kitchen Sinks = 2 Disposal = 2

Clothes Washer = 2 Floor Drains = 2 Dishwasher = 2 Other _____ Total = 23

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 _____