

**PERMIT**  
**CITY OF NAPOLEON, OHIO - BUILDING DEPARTMENT**  
 255 West Riverview Avenue, Napoleon, Ohio 43545 - (419) 592-4010

Permit No. 2552 Issued 2-14-92

Job Location 651 Clairmont

Lot \_\_\_\_\_

Issued by Brent N. Damman

Owner NW Ohio Community Action Comm.  
784-2150

Address 1933 E. Second St.  
Defiance, Ohio 43512

Agent Deb A. Bowen

Address \_\_\_\_\_

Use Type - Residential \_\_\_\_\_

Other - Describe Pre-School

No. Dwelling Units \_\_\_\_\_

New  Replacement \_\_\_\_\_

Add'n. \_\_\_\_\_ Alter \_\_\_\_\_ Remodel \_\_\_\_\_

Mixed Occupancy \_\_\_\_\_

Change of Occupancy \_\_\_\_\_

Estimated Cost \$ 98,000.00

FEES	BASE	PLUS	TOTAL
<input type="checkbox"/> Building	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Electrical	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Plumbing	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Mechanical	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Demolition	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Zoning	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sign	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Water Tap	\$ <u>185.00</u>	\$ _____	\$ <u>185.00</u>
<input type="checkbox"/> Sew. Insp.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sewer Tap	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp. Water	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp. Elec.	\$ _____	\$ _____	\$ _____
TOTAL FEES.....			\$ <u>185.00</u>
LESS FEES PAID... <u>2-14-92</u> .....			\$ <u>185.00</u>
BALANCE DUE.....			\$ <u>0.00</u>

**ZONING INFORMATION**

district	lot dimensions		area	front yd	side yd	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) \_\_\_\_\_

Electrical: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Mechanical: \_\_\_\_\_

**PAID**  
 FEB 14 1992  
 CITY OF NAPOLEON

Additional Information: Difference between one (1) inch tap and one and one-half (1½) inch tap (Architect changed size).

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_



APPLICATION  
for  
RESIDENTIAL, BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, PERMITS AND DEMOLITION  
from the  
CITY OF NAPOLEON - BUILDING DEPARTMENT  
255 West Riverview Avenue, Napoleon, Ohio 43545 - Phone 419-592-4010

Entry No. _____		<u>BASE</u>	<u>PLUS</u>	<u>TOTAL</u>
Permit No. <u>2552</u> Issued <u>2-14-92</u> :	Building	\$ _____	\$ _____	\$ _____
Job Location <u>651 Clairmont</u> :	Electrical	\$ _____	\$ _____	\$ _____
Lot _____ :	Plumbing	\$ _____	\$ _____	\$ _____
sub-div or legal description _____ :				
Issued by <u>BND</u> :	Mechanical	\$ _____	\$ _____	\$ _____
Building Official _____ :				
Owner <u>NW Ohio Community Action Comm</u> Phone <u>784-2150</u> :	Demolition	\$ _____	\$ _____	\$ _____
Address <u>1933 E. Second St. Defiance Oh</u> :	Zoning	\$ _____	\$ _____	\$ _____
Agent <u>Deb Bowen</u> Phone <u>784-2150</u> :	Sign	\$ _____	\$ _____	\$ _____
Address _____ :	<input checked="" type="checkbox"/> Water Tap	\$ <u>185.00</u>	\$ _____	\$ <u>185.00</u>
Description of Use <u>Preschool</u> :	Sewer Tap	\$ _____	\$ _____	\$ _____
Residential _____ :	Temp Water	\$ _____	\$ _____	\$ _____
(number dwelling units) _____ :				
Commercial _____ Industrial _____ New _____ :	Temp Elec.	\$ _____	\$ _____	\$ _____
New <input checked="" type="checkbox"/> Addition _____ Replacement _____ Remodel _____ :	Additional Structure	_____	_____	Hours _____
Mixed Occupancy _____ Change of Occupancy _____ :	Plan	_____	_____	_____
Estimated Cost: \$ <u>98,000.00</u> :	Review	_____	_____	Electric _____ Hours _____
_____ :	TOTAL FEES	-----	-----	\$ <u>185.00</u>
_____ :	Less Fees Paid (date) <u>2-14-92</u>	_____	_____	\$ <u>185.00</u>
_____ :	BALANCE DUE	-----	-----	\$ <u>-0-</u>

**ZONING INFORMATION:**

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard
----------	----------------	------	------------	-----------	-----------

Max. Hgt.	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required/Date
-----------	-----------------	-----------------	-----------	----------------------------------

**PAID**  
**FEB 14 1992**

**WORK INFORMATION:** **CITY OF NAPOLEON**  
 Building - Garage Floor Area \_\_\_\_\_ Basement Floor Area \_\_\_\_\_ 2nd Floor Area \_\_\_\_\_

Size - Length \_\_\_\_\_ Width \_\_\_\_\_ Stories \_\_\_\_\_ Ground Floor Area \_\_\_\_\_

Height \_\_\_\_\_ Building Volume (For Demolition Permit) \_\_\_\_\_ cubic feet

Description of Work: Difference between 1" top + 1 1/2" top (Architect Changed Size)

ELECTRICAL: Electrical Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Estimated Cost: \$ \_\_\_\_\_

Type of Work: New \_\_\_ Service Change \_\_\_ Rewiring \_\_\_ Add'l. Wiring \_\_\_ Temp. Electric Required: Yes \_\_\_ No \_\_\_

Size of Service \_\_\_\_\_ Underground \_\_\_\_\_ Overhead \_\_\_\_\_ Number of New Circuits \_\_\_\_\_

Description of Work: \_\_\_\_\_

PLUMBING: 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 \_\_\_\_\_

St. Sewer Tap Req.: Yes \_\_\_ No \_\_\_ Size \_\_\_\_\_ 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 \_\_\_ Bathtubs \_\_\_ Showers \_\_\_ Lavatories \_\_\_ Kitchen Sinks \_\_\_ Disposal \_\_\_ Dishwasher \_\_\_

Clothes Washer \_\_\_ Floor Drains \_\_\_ Other (Fixtures/Type): \_\_\_\_\_

Description of Work: \_\_\_\_\_

MECHANICAL: 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 Pipe \_\_\_ Two Pipe \_\_\_ Series Loop \_\_\_)

Electric Heat: (No. of Circuits \_\_\_\_\_) No. of Furnaces \_\_\_\_\_ No. of Hot Air Runs \_\_\_\_\_

No. 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 set 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 also, 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.

Dated: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_



WATER TAPPING PERMIT

issued by

The Napoleon Water Distribution Department  
255 West Riverview Ave. Napoleon, Ohio 43545 Pn. 592-4010

Permit No. W- 0009 issued 4-9-92 Received of N.W.O.C.A.C. (\$ 560 ) .00

(Charge for tapping permit to supply water service to) Lot No. \_\_\_\_\_ Sub Div. west School Parcel

Street No. 651 Clairmont Tap Size 1 1/2" Cost \$ 560 .00 Plumber Miller Bros. Const.

Date completed \_\_\_\_\_ Approved by \_\_\_\_\_  
water distribution dept. \_\_\_\_\_ finance director \_\_\_\_\_

Name \_\_\_\_\_ Size of tap \_\_\_\_\_ Date \_\_\_\_\_ Street and No. \_\_\_\_\_

Old Tap No. \_\_\_\_\_ New Tap No. \_\_\_\_\_ Size and Kind of Main \_\_\_\_\_

Location of Main \_\_\_\_\_ Depth of Main \_\_\_\_\_

Distance from Hydrant/Valve \_\_\_\_\_ Distance to Curb Stop from Corp. \_\_\_\_\_

COMPLETED

.st.

.st.

.st.

.st.

.st.



WATER TAPPING PERMIT

issued by

The Napoleon Water Distribution Department

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

Permit No. W- 0009 Issued 4-9-92 Received of N.W.O.P.A.C. (\$ 560 ).00

(Charge for tapping permit to supply water service to) Lot No. \_\_\_\_\_ Sub Div. West School Parcel

Street No. 651 Clairmont Tap Size 1 1/2" \* Cost \$ 560 .00 Plumber Miller Bros. Const.

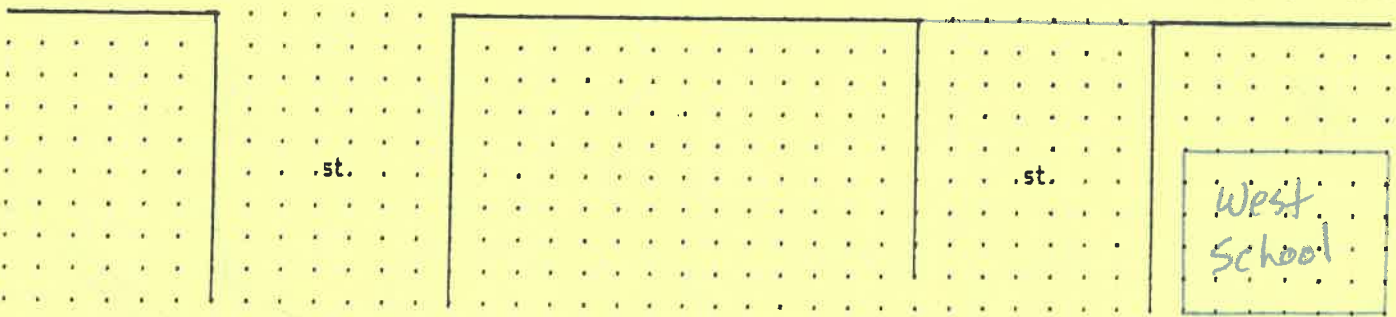
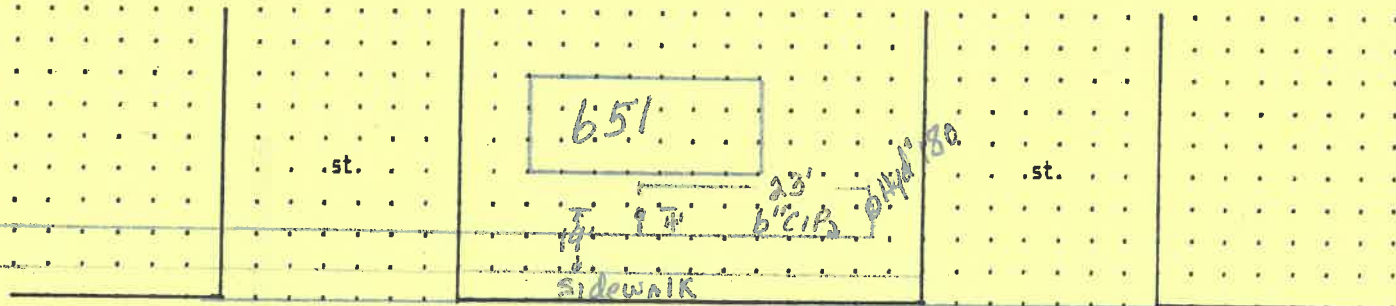
Date completed \_\_\_\_\_ Approved by \_\_\_\_\_  
water distribution dept. \_\_\_\_\_ finance director \_\_\_\_\_

Name \_\_\_\_\_ Size of tap 1 1/2" Date 4/10/92 Street and No. \_\_\_\_\_

Old Tap No. \_\_\_\_\_ New Tap No. 9208 Size and Kind of Main 6" CIP

Location of Main \_\_\_\_\_ Depth of Main 4'

Distance from Hydrant/Valve 23' N of Hyd. 180 Distance to Curb Stop from Corp. 4'









# City of NAPOLEON, OHIO

255 RIVERVIEW AVENUE - (419) 592-4010  
NAPOLEON, OHIO 43545-0151

FAX NUMBER (419) 599-8393

## TELECOPY TRANSMISSIONS

TELECOPIED TO NUMBER: 782-5648

TO: Deb Bowen (N.W.O. C.A.C.)

FROM: Brent N. Damman

# OF PAGES TO FOLLOW (NOT INCLUDING COVER PAGE) 1

DATE: 2-6-92

TIME: 3:32 pm

SENDER: BND

### COMMENTS:

Dear Deb

Please be advised the water tap fee has been changed at 651 Clairmont, Lee Shorts office has requested an 1 1/2" water line instead of the 1" which you have paid for. This creates a balance due on your permit #2545 of \$185.00.

**PLEASE CALL (419) 592-4010 IF YOU HAVE ANY TROUBLE RECEIVING THIS TRANSMISSION OR YOU DID NOT RECEIVE THE NUMBER OF PAGES SHOWN ABOVE.**

1" tap = 375.00

1 1/2" tap = 560.00

Difference \$185.00





# City of NAPOLEON, OHIO

255 RIVERVIEW AVENUE - (419) 592-4010  
NAPOLEON, OHIO 43545-0151

FAX NUMBER (419) 599-8393

## TELECOPY TRANSMISSIONS

TELECOPIED TO NUMBER: 782-5648

TO: Deb Bowen

FROM: Brent N Damman

# OF PAGES TO FOLLOW (NOT INCLUDING COVER PAGE) \_\_\_\_\_

DATE: 1-30-92

TIME: 8:23 am

SENDER: BND

### COMMENTS:

Please ~~send~~ sign + send back

Thank you  
Brent

PLEASE CALL (419) 592-4010 IF YOU HAVE ANY TROUBLE RECEIVING THIS TRANSMISSION OR YOU DID NOT RECEIVE THE NUMBER OF PAGES SHOWN ABOVE.

185.00

