

# PERMIT

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

Permit No. 01449 Issued 9-14-87  
date

Job Location 855 Clairmont  
address

Lot 28 Spengler Addition  
sub-div or legal discript

Issued By Eldon Huber  
building official

Owner Lester Kruse  
name tel.

Address 855 Clairmont

Agent German Builders 592-1806  
builder-eng.-etc. tel.

Address 970 Oakwood Ave.

Description of Use Residence

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Residential 1  
no. dwelling units

Commercial \_\_\_\_\_ Industrial \_\_\_\_\_

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

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

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

Estimated Cost \$ 24,500.00

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	6.00	60.75	66.75
<input type="checkbox"/> ELECTRICAL			
<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.....			66.75
LESS MIN. FEES PAID _____			
			<small>date</small>
BALANCE DUE.....			

### ZONING INFORMATION N.A.

district	lot dimensions	area	front yd	side yds	rear yd
A					
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr

### WORK INFORMATION: N.A.

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

Height \_\_\_\_\_ Building Volume (for demo. permit) \_\_\_\_\_ cu. ft.

Electrical: N.A. brief description

Plumbing: N.A. brief description

Mechanical: N.A. brief description

Sign: N.A. Dimensions \_\_\_\_\_ Sign Area \_\_\_\_\_  
type

Additional Information: New roof with sheathing & rafters, new windows, vinyl siding,  
and kitchen cabinets.

Date 9/29/87 Applicant Signature *Lester Kruse* owner-agent

SEP 29 1987  
 CITY OF NAPOLEON



RESIDENTIAL PLAN CORRECTION SHEET

CITY OF NAPOLEON  
 55 West Riverview Ave.  
 Napoleon, Ohio 43545  
 419/592-4010

ADDENDUM TO Permit No. 01449  
 Owner LESTER KRUSE  
 Contractor GERMAN BUILDERS  
 Location BSC CLAIRMONT

Please note the items checked below and incorporate them into your plans as indicated:  PERMIT NOT YET ISSUED, CORRECT PLANS AND RE-SUBMIT.  PERMIT ISSUED, INCORPORATE ITEMS DURING CONSTRUCTION.

GENERAL	
<input type="checkbox"/>	Provide approved smoke detector(s) as req'd.
<input type="checkbox"/>	Provide 1/2" gypsum wallboard between dwelling and garage, on garage side.
<input type="checkbox"/>	Provide min. 1 3/8" solid wood door from garage to dwelling. (or equal)
<input type="checkbox"/>	Submit fully dimensioned plot plan.
<input type="checkbox"/>	Provide min. of 1-3'0" x 6'8" exit door.
<input checked="" type="checkbox"/>	Provide min. 22" x 30" attic access opening.
<input type="checkbox"/>	Provide min. 18" x 24" crawl space access opening.
<input type="checkbox"/>	Provide approved sheathing or flashing behind masonry veneer.
<input checked="" type="checkbox"/>	Provide min. 15# underlayment on roof.
<input type="checkbox"/>	Provide adequate fireplace hearth.
<input type="checkbox"/>	Install factory built fireplaces/stoves according to manufacturers instructions.
<input type="checkbox"/>	Terminate chimney 2' above roof or 2' above highest point of building within 10' of chimney.
LIGHT AND VENTILATION	
<input type="checkbox"/>	Provide mechanical exhaust or window in bathroom
<input checked="" type="checkbox"/>	Provide min. <u>NOTE (A)</u> Sq. In. net free area attic ventilation.
<input type="checkbox"/>	Provide min. _____ Sq. In. net free area crawl space ventilation.
FOUNDATION	
<input type="checkbox"/>	Min. depth of foundation below finished grade is 32".
<input type="checkbox"/>	Min. size of footer _____" x _____".
<input type="checkbox"/>	Provide anchor bolts 1/2" @ 6' o.c. 1' from each corner. Embedded 7" in concrete and 15" in masonry.
<input type="checkbox"/>	Show size of basement columns.
FRAMING	
<input type="checkbox"/>	Show size of wood girder in _____.
<input type="checkbox"/>	Provide design data for structural member in _____.
<input type="checkbox"/>	Floor joists undersized in _____.
<input type="checkbox"/>	Provide double joists under parallel bearing partitions.
<input type="checkbox"/>	Provide 1" x 4" let in corner bracing, approved sheathing, or equal.
<input type="checkbox"/>	Show size of headers for openings over 4' wide _____.
<input type="checkbox"/>	Show size of members supporting porch roof.
<input type="checkbox"/>	Provide double top plate for all bearing partitions and exterior walls.
<input type="checkbox"/>	Provide design data for prefab wood truss.
<input type="checkbox"/>	Ceiling joists undersized in _____.
<input type="checkbox"/>	Roof rafters undersized in _____.
PLUMBING AND MECHANICAL	
<input type="checkbox"/>	Terminate all exhaust systems to outside air.
<input type="checkbox"/>	Insulate ducts in unheated areas.
<input type="checkbox"/>	Provide backflow prevention device on all hose bibs.
<input type="checkbox"/>	Terminate pressure and temperature relief valve drain in an approved manner.
<input type="checkbox"/>	Provide dishwasher drain with approved air gap device.
METAL VENEERS	
<input type="checkbox"/>	Contact City Utilities Dept. to remove conductors and/or meter.
<input type="checkbox"/>	Provide approved system of grounding and bonding.
ELECTRICAL	
<input type="checkbox"/>	Show location of service entrance panel and service equipment panel.
<input type="checkbox"/>	G. F. C. I. req'd. on temporary electric.
<input type="checkbox"/>	Outdoor, bathroom and garage receptacles shall be protected by G. F. C. I.
<input type="checkbox"/>	Maximum number of receptacles permitted on a G. F. C. I. circuit shall be 10 for 20 A. circuits and 7 for 15A. circuits.
<input type="checkbox"/>	Refrigerators, microwaves, washers, disposal, furnace and air conditioners shall be on separate circuits.
INSPECTIONS	
The following indicated inspections are required. The owner or his agent shall contact the City Building Dept. at least 24 hrs prior to the time the inspection is to be made.	
Footers and Setbacks.	Building sewer.
Foundation.	HVAC rough-in.
Plumbing rough-in.	Final Building
Plumbing final.	other,
Electrical service.	
Electrical rough-in.	
Electrical final	

Additional Corrections. (A) 1-SQ. FT. OF FREE VENT AREA PER 150 S.F. OF ATTIC. IF RIDGE VENTS ARE USED 1-S.F. PER 300 S.F. OF ATTIC

Approval of plans and specifications does not permit the violation of any section of the Building Code or other City Ordinance. This addendum is attached to Permit No. 01449 and made a part thereof. DATE APPROVED OR DISAPPROVED 9-11-87 Checked by ELOON HUTER Plan Examiner.  
 DATE RECHECKED AND APPROVED \_\_\_\_\_ Checked by \_\_\_\_\_



# PERMIT

## CITY OF NAPOLEON - BUILDING DEPARTMENT

255 West Riverview Avenue, Napoleon, Ohio 43545 - 419-592-4010

01449

Permit No. [REDACTED] Issued 9-11-87  
date

Job Location 855 CLAIRMONT  
address

Lot 28 SPEUGLER ADDITION  
sub-div or legal discript

Issued By 51  
building official

Owner LESTER KRUSE  
name tel.

Address 855 CLAIRMONT

Agent GERMAN DULDEP 572-1806  
builder-eng.-etc. tel.

Address 970 OAKWOOD AVE

Description of Use RESIDENCE

Residential 1  
no. dwelling units

Commercial \_\_\_\_\_ Industrial \_\_\_\_\_

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

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

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

Estimated Cost \$ 24,500.00

FEES	BASE	PLUS	TOTAL
BUILDING	6.00	60.75	66.75
ELECTRICAL			
PLUMBING			
MECHANICAL			
DEMOLITION			
ZONING			
SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			66.75
LESS MIN. FEES PAID _____ date _____			
BALANCE DUE.....			

### ZONING INFORMATION NA

district	lot dimensions	area	front yd	side yds	rear yd
<u>A</u>					
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr

### WORK INFORMATION: N/A

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

Height \_\_\_\_\_ Building Volume (for demo. permit) \_\_\_\_\_ cu. ft.

Electrical: N/A brief description \_\_\_\_\_

Plumbing: N/A brief description \_\_\_\_\_

Mechanical: N/A brief description \_\_\_\_\_

Sign: N/A type \_\_\_\_\_ Dimensions \_\_\_\_\_ Sign Area \_\_\_\_\_

Additional Information: NEW ROOF WITH SHEATHING + RAFTERS, NEW WINDOWS, VINYL SIDING AND KITCHEN CABINETS

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_  
owner-agent



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

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 LESTER KRAUSE Address 855 CLAIRMONT  
Builder's Name GENMANN BUILDERS Tel. 592-1806

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

Location of Project 855 CLAIRMONT Lot# \_\_\_\_\_  
Subdivision \_\_\_\_\_ Lot Area \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
Yard Setback: Front \_\_\_\_\_ Rear \_\_\_\_\_ Left Side \_\_\_\_\_  
Right Side \_\_\_\_\_ Zoning District \_\_\_\_\_

BUILDING INFORMATION:

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

Brief Description of Work: NEW 4/12 RAFT OVER EXISTING FLAT ROOF -  
12'-6" span on Rafter  
2x6 RAFTERS @ 16" CL. - NEW WINDOWS - NEW VINYL SIDING - NEW KIT. CAB.

Size: Length 50' Width 25' No. of Stories 1

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: 24,500<sup>00</sup>  
DATE 9/10/87 APPLICANT'S SIGNATURE Arthur W. Genmann Jr.  
OWNER-BUILDER-AGENT

