

APPLICATION
for
RESIDENTIAL BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, PERMITS and DEMOLITION PERMIT
from the
CITY OF NAPOLEON - BUILDING DEPARTMENT

Entry No. _____

255 West Riverview Ave. Napoleon, Ohio 43545 Pn. 419-592-4010

Permit No. 02390 Issued 7-25-91

Ck. Permits Reg.	Base	Fees Plus	Total
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Job Location 925 Clairmont

Building	_____	_____	_____
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Lot 35 Spengler Add.
sub-div. or legal disc.

<input checked="" type="checkbox"/> Electrical	<u>15.00</u>	_____	<u>15.00</u>
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Issued By BND
building official

Plumbing	_____	_____	_____
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Owner Dave Graham Pn _____

Mechanical	_____	_____	_____
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Address 925 Clairmont

Demolition	_____	_____	_____
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Agent Spieser Electric Pn _____

Zoning	_____	_____	_____
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Address RR #2 Napoleon

Sign	_____	_____	_____
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Description of Use Residential

Water tap	_____	_____	_____
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Residential 1
no. dwelling units

Sewer Tap	_____	_____	_____
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Commercial _____ Industrial _____

Temp. Water	_____	_____	_____
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New _____ Add'n. _____ Alter _____ Remodel

Temp. Elec.	_____	_____	_____
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Mixed Occupancy _____

Additional struc.	_____ hrs	_____	_____
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Change of Occupancy _____

plan review	_____ hrs	_____	_____
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Estimated Cost \$ 500.00

Elect.	_____ hrs	_____	_____
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ZONING INFORMATION

Total Fees	_____	_____	<u>15.00</u>
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district	lot dimensions	area	front yd	side yds.	rear yd
	<u>N/A</u>				
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd.	date appr

Less Min. Fees Pd.	_____	_____	_____
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Balance Due	_____	_____	<u>15.00</u>
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WORK INFORMATION:

BUILDING: Garage Fl. Area _____ Basement Fl. Area _____ Second Floor Area _____

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____

Height _____ Building Volume (for deoa. permit) _____ cu. ft.

Description of Work: _____

ELECTRICAL: Electrical Contractor Spicer & Sons Pn. _____
 Address _____ Estimated Cost \$ 500.00
 Type of work: New _____ Service change Rewiring _____ Additional Wiring _____ Temp. Elsc. Req. _____
 Size of service 100 amp Underground _____ Overhead No. of new circuits _____
 Description of work: _____

PLUMBING: Plumbing Contractor _____ Pn. _____
 Address _____ Estimated Cost \$ _____
 Water Tap Req. _____ Size _____ Type of Pipe _____ Water Dist. Pipe _____ type
 yes no
 San. Sewer Tap Req. _____ Size _____ Type of Pipe _____ Dr. Waste Vt. Pipe _____ type
 yes no
 St. Sewer Tap Req. _____ 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 _____ No. _____
 Description of Work: _____

MECHANICAL: Mechanical Contractor _____ Pn. _____
 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 _____
 No. 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 _____ Other _____
 Description of Work _____

DRAWINGS REQUIRED: All Applications must be Accompanied by Two Complete sets of Drawings Including SITE PLAN, FOUNDATION PLAN, FLOOR PLANS, STRUCTURAL FRAMING PLANS, EXTERIOR ELEVATIONS, SECTIONS and DETAILS, STAIR DETAILS, ELECTRICAL LAYOUT, PLUMBING ISOMETRIC, HEATING LAYOUT ETC. All plans shall be DRAWN TO SCALE. Show all existing structures on the site plan 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 Dept. Rules and Regulations, Standard Specifications and other Pertinent Sections of the Napoleon Code of Ordinances.

Date _____ Signature of Applicant _____
 Application not valid without signature

CITY OF NAPOLEON ZONING PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTIAL DEMOLITIONS, FENCES, POOLS, SHEDS,
DRIVEWAYS, SIDEWALKS & SEWERS

DATE 2-20-2017 JOB LOCATION 925 Clairmont

OWNER David Gram TELEPHONE # _____

OWNER ADDRESS 925 Clairmont

CONTRACTOR JAT Excavating CELL PHONE # 419-~~283~~ 7923

DESCRIPTION OF WORK TO BE PERFORMED Dig to Replace hoist, repair, replace

ESTIMATED COMPLETION DATE 2-20-2017 ESTIMATED COST \$300.00

DESCRIPTION	FEE	TOTAL COST
Demo Permit	(100.3100.46690) \$100.00	\$
Fence	\$25.00	\$
Pool	\$25.00	\$
Garage and Shed Under 200 SF (Detached)	\$25.00	\$
Driveway	0	\$
Sidewalk/Curbing	0	\$
Sewer Outside	0	\$ 0
Subtotal:	\$	0
	\$	
TOTAL FEE:	\$	0

I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BUILDING/ZONING DEPARTMENT.

I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of record and that I have been authorized by the Owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for Work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.

SIGNATURE OF APPLICANT: David Gram DATE: 2-20-2017

PRINT NAME: David Gram

BATCH #	CHECK #	DATE
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north
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2-20-17
ROGER EIS
SEWER INVESTIGATION



