

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

Permit No. 4070 Issued 09/27/96  
 Job Location 930 Clairmont Ave.  
 Lot \_\_\_\_\_  
 Issued by Brent N. Damman  
 Owner Chuck Yackee 599-1330  
 Address 930 Clairmont Ave.  
 Agent Self  
 Address \_\_\_\_\_  
 Use Type - Residential X  
 Other - Describe \_\_\_\_\_  
 No. Dwelling Units \_\_\_\_\_  
 New \_\_\_\_\_ Replacement X  
 Add'n. \_\_\_\_\_ Alter \_\_\_\_\_ Remodel \_\_\_\_\_  
 Mixed Occupancy \_\_\_\_\_  
 Change of Occupancy \_\_\_\_\_  
 Estimated Cost \$ 4000.00

| FEE'S                                        | BASE     | PLUS     | TOTAL    |
|----------------------------------------------|----------|----------|----------|
| <input checked="" type="checkbox"/> Building | \$ 9.00  | \$ 36.00 | \$ 47.00 |
| <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 type="checkbox"/> Water Tap           | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Sew. Insp.          | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Sewer Tap           | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Temp. Water         | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Temp. Elec.         | \$ _____ | \$ _____ | \$ _____ |
| TOTAL FEES.....                              |          |          | \$ 47.00 |
| LESS FEES PAID.....                          |          |          | \$ 47.00 |
| BALANCE DUE.....                             |          |          | \$ -0-   |

ZONING INFORMATION

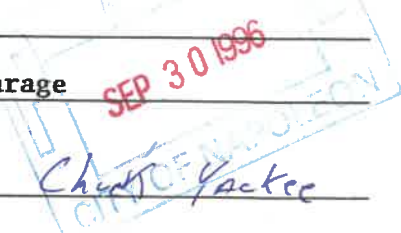
| district | lot dimensions |               | area      | front yd                 | side yd | rear yd   |
|----------|----------------|---------------|-----------|--------------------------|---------|-----------|
| max hgt  | no pkg spaces  | no ldg spaces | max cover | petition or appeal req'd |  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

WORK INFORMATION

Size: Length \_\_\_\_\_ Width \_\_\_\_\_ Stories \_\_\_\_\_ Ground Floor Area \_\_\_\_\_  
 Height \_\_\_\_\_ Building Volume (for Demo. Permit) \_\_\_\_\_  
 Electrical: \_\_\_\_\_  
 Plumbing: \_\_\_\_\_  
 Mechanical: \_\_\_\_\_

Additional Information: Pour new foundation, wall & Footer for garage

Date 9-27-96 Applicant Signature Mal Lh For Chuck Yackee





**APPLICATION FOR**

Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit  
**FRCH** - 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. 4070 ISSUED 9-27-96

JOB LOCATION 930 Clairmont

LOT \_\_\_\_\_  
 (Subdivision or Legal Description)

ISSUED BY BND  
 (Building Official)

OWNER Chuck Yackee PHONE 599-1330

ADDRESS 930 Clairmont

AGENT self PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

USE:  Residential ( ) Commercial ( ) Industrial  
 ( ) Other \_\_\_\_\_

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

ESTIMATED COST = \$ 4000.00

|                                              | <u>Base</u>    | <u>Plus</u>     | <u>Total</u>    |
|----------------------------------------------|----------------|-----------------|-----------------|
| <input checked="" type="checkbox"/> Building | \$ <u>9.00</u> | \$ <u>36.00</u> | \$ <u>47.00</u> |
| ( ) Electrical                               | \$ _____       | \$ _____        | \$ _____        |
| ( ) Plumbing                                 | \$ _____       | \$ _____        | \$ _____        |
| ( ) Mechanical                               | \$ _____       | \$ _____        | \$ _____        |
| ( ) Demolition                               | \$ _____       | \$ _____        | \$ _____        |
| ( ) Zoning                                   | \$ _____       | \$ _____        | \$ _____        |
| ( ) Sign                                     | \$ _____       | \$ _____        | \$ _____        |
| ( ) Water Tap                                | \$ _____       | \$ _____        | \$ _____        |
| ( ) Sewer Tap                                | \$ _____       | \$ _____        | \$ _____        |
| ( ) Temp Water                               | \$ _____       | \$ _____        | \$ _____        |
| ( ) Temp Elec.                               | \$ _____       | \$ _____        | \$ _____        |

Additional Plan Review: Structure \_\_\_\_\_ Hours \_\_\_\_\_  
 Electric \_\_\_\_\_ Hours \_\_\_\_\_

TOTAL FEES . . . . . \$ 47.00  
 Less Fees Paid . . . . . \$ \_\_\_\_\_  
 BALANCE DUE . . . . . \$ 47.00

**ZONING INFORMATION**

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

| Max Height | No. Pkg. Spaces | No. Ldg. Spaces | Max Cover | Petition or Appeal Required-Date |
|------------|-----------------|-----------------|-----------|----------------------------------|
|            |                 |                 |           |                                  |

**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: Jack Garage wall up, Dig out along the floor pad and pour a new foundation wall + footer. Rebuild or replace wall

**ELECTRICAL:** Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ ESTIMATED COST = \$ \_\_\_\_\_

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

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

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 = \_\_\_\_\_ Bathtubs = \_\_\_\_\_ Showers = \_\_\_\_\_ Lavatories = \_\_\_\_\_ Kitchen Sinks = \_\_\_\_\_ Disposal = \_\_\_\_\_

Clothes Washer = \_\_\_\_\_ Floor Drains = \_\_\_\_\_ Dishwasher = \_\_\_\_\_ Other \_\_\_\_\_ Total = \_\_\_\_\_

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 \_\_\_\_\_