

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

4055

Permit No. _____ Issued 09/16/96
 Job Location 935 Clairmont Ave.
 Lot _____
 Issued by Brent N. Damman
 Owner James Sickmiller 592-3371
 Address 935 Clairmont Ave.
 Agent Self
 Address _____
 Use Type - Residential X
 Other - Describe _____
 No. Dwelling Units _____
 New X Replacement _____
 Add'n. Alter Remodel _____
 Mixed Occupancy _____
 Change of Occupancy _____
 Estimated Cost \$ 800.00

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> Building	\$ 3.00	\$	\$ 3.00
<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.....			\$ 3.00
LESS FEES PAID.....			\$ 3.00
BALANCE DUE.....			\$ -0-

ZONING INFORMATION

district	lot dimensions		area	front yd	side yd	rear yd
				50'	7'	10'
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd		date appr

WORK INFORMATION

Size: Length 10 Width 12 Stories 1 Ground Floor Area 120
 Height _____ Building Volume (for Demo. Permit) _____
 Electrical: _____
 Plumbing: _____
 Mechanical: _____
 Additional Information: Storage shed

Date 9/16/96 Applicant Signature Edwin Sickmiller

SEP 16 1996

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. 4055 ISSUED 9-16-96

JOB LOCATION _____

LOT _____
 (Subdivision or Legal Description)

ISSUED BY B 170
 (Building Official)

OWNER James Sickmiller PHONE 592 3371

ADDRESS 935 Clairmont Ave

AGENT _____ PHONE _____

ADDRESS _____

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

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

ESTIMATED COST = \$ 800.00

	Base	Plus	Total
<input checked="" type="checkbox"/> Building	\$ <u>300</u>	\$ _____	\$ <u>3.00</u>
() Electrical	\$ _____	\$ _____	\$ _____
() Plumbing	\$ _____	\$ _____	\$ _____
() Mechanical	\$ _____	\$ _____	\$ _____
() Demolition	\$ _____	\$ _____	\$ _____
() Zoning	\$ _____	\$ _____	\$ _____
() Sign	\$ _____	\$ _____	\$ _____
() Water Tap	\$ _____	\$ _____	\$ _____
() Sewer Tap	\$ _____	\$ _____	\$ _____
() Temp Water	\$ _____	\$ _____	\$ _____
() Temp Elec.	\$ _____	\$ _____	\$ _____

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

TOTAL FEES \$ 300
 Less Fees Paid \$ 300
 BALANCE DUE \$ -0-

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard
			<u>50'</u>	<u>7'</u>	<u>10'</u>
Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date	

WORK INFORMATION

Building: Ground Floor Area 120 sq. ft. Basement Floor Area _____ sq. ft.
 Garage Floor Area _____ sq. ft. 2nd Floor Area _____ sq. ft. Other _____ sq. ft.
 Size: Length 10 Width 12 Stories 1 Height _____
 Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: Storage Shed

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 _____

CITY OF NAPOLEON GENERAL PERMIT APPLICATION
 THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL,
 PLUMBING, MECHANICAL, DEMILITIONS, REMODELING

Date 5-14-04 Job Location 935 CLAIMONT AVE
 Owner ELDON SICKMILLER Phone 419-256-6139
 Owner Address 11-167 CO RD K City MALINTA Zip 43535
 Contractor SELF Phone —
 Description of work to be performed REPLACE CARPORT
 Estimated cost of work to be performed ~~2000~~ \$1500

Please indicate the type of work you will be performing by

- | | |
|---|--|
| <input type="checkbox"/> A/C Add On | <input type="checkbox"/> Remodeling |
| <input type="checkbox"/> Boiler Replacement | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Curbing | <input type="checkbox"/> Sewer Repairs |
| <input type="checkbox"/> Decks | <input type="checkbox"/> Sidewalk |
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Siding |
| <input type="checkbox"/> Electrical Service Upgrade | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Electrical Service New | <input checked="" type="checkbox"/> Storage Shed |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Street Bond |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Furnace Replacement | <input type="checkbox"/> Temp Electric |
| <input type="checkbox"/> Furnace New | <input type="checkbox"/> Water Tap |
| <input type="checkbox"/> Lawn Meter | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Zoning |
| <input type="checkbox"/> Others | |

Permit Number _____

