

CITY OF NAPOLEON
BUILDING INSPECTION DEPARTMENT
APPLICATION FOR ELECTRICAL PERMIT
(Please print or type)

The undersigned hereby makes application for installation or replacement of electrical equipment as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Electrical Codes.

Owner's Name BOBBY FISHER & DENNIS KLAPP Address 116 E. CLINTON ST.

Electrical Contractor _____ Telephone No. _____

Address _____

General Contractor _____ Telephone No. _____

Address _____

Location of Project 118 E. CLINTON ST Cost of Project \$3500

Work Information:

Residential _____ Commercial X Industrial _____

No. Units

New _____ Service Change _____ Rewiring _____ Additional Wiring X

Brief Description of Work: WIRING FOR NEW OFFICE SPACE

Size of proposed service entrance 200 A SUB. PNL Number of new circuits 22

Type of proposed service entrance EXISTING Underground _____ Overhead _____

Require Temporary Electric NO (Yes or No)

Total Floor Area - Commercial and Industrial only 2519 sq. ft.

Additional Information: _____

*Ground fault circuit interrupter protection is required on all 120-volt single phase, 15 and 20 amp. Circuits which are part of a temporary electric service; and also on bathroom, outdoor, and garage receptacles in all dwelling units. Art. 220-8 N.E.C.

*Application for permit shall be accompanied by two complete sets of plans including: Electrical layout and riser diagram. (For commercial and industrial work only).

Date _____ Applicant's Signature _____

PERMIT NO.

PERMIT FEE \$

100 Nov 1-25 16

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

The undersigned hereby makes application for the installation, replacement or alteration of a heating system or device as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Mechanical Code for 1, 2 and 3 Family Buildings.

Owner's Name RANDY FISHER & DENNIS CLAPP Address 116 E. CLINTON ST.

Contractor's Name VONDEYLEN PLUMBING & HEATING. Address 116 E. CLINTON ST. Tel. 592-4756

BUILDING INFORMATION: COMMERCIAL

Single Family Double Family Multiple New Construction

Addition Remodel Replacement No. of Stories 1

DESCRIPTION OF WORK

Heating System - Warm Air Hot Water Steam Electric

Unit Heaters Unit Gas Heaters Other

Type - Gravity Forced Radiant

No. of Thermostatical Heating Zone 1

Hot Water - One Pipe Two Pipe Series Loop

Electric Heat - No. of Circuits Other

Total Heat Loss of Area to be Heated @ 80° TEMP. DIFFERENCE = 37,309 Btu.

Rated Capacity of Furnace/Boiler 60,000 B.T.U. INPUT / 55,000 B.T.U. OUTPUT

No. of Furnaces 1 NEW No. of Hot Air Runs 13

No. of Hot Water Radiators Type of Fuel GAS (NATURAL)

Heating Units Located: Crawl Space Floor Level Suspended

Roof or Exposed to Outside Air Attic Other

APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: LOCATION OF FURNACE OR UNIT HEATERS AND SIZE AND LOCATION OF FEEDER DUCTS AND RETURN AIR DUCTS. ALL PLANS SHALL BE DRAWN TO SCALE.

ESTIMATED COST OF COMPLETED PROJECT: \$3,000

DATE _____ APPLICANT'S SIGNATURE _____

OWNER-CONTRACTOR-AGENT

STATE OF OHIO — DEPARTMENT OF HEALTH

Permit
and
Receipt

No. 378 -85

Plumbing Inspection

Columbus, Ohio, March 27 1985

Received of Non Daylon Plbg & Htg, Inc. \$ 10.00
Dollars

To whom permission is hereby granted to install sanitary equipment, plumbing and drainage in or for a Office Renovation building, at No. 116 E. Clinton St.,

Mapleton City, Henry Co., Ohio,

Owner of Building Randy Fisher & Dennis Clapp

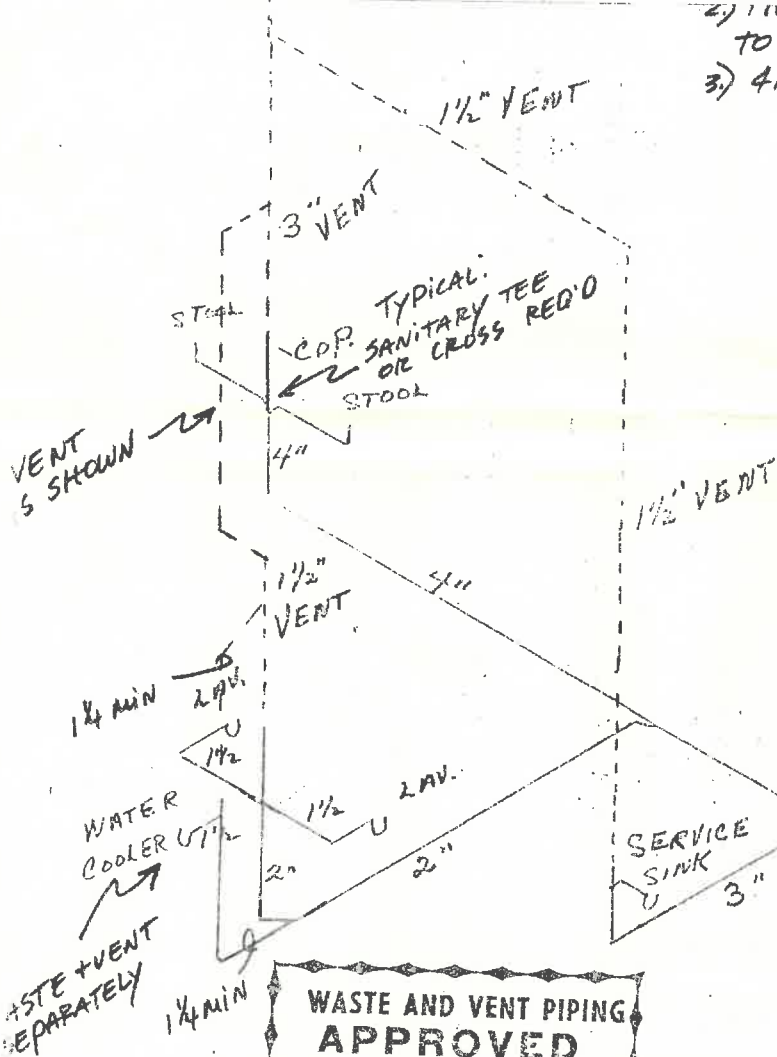
No. of fixtures 7

Not transferable—
10—P21—62

4-20-85
ORIGINAL

Richard J. McMorkey
Chief Plumbing Inspector
Division of General Environmental Health

- 2) PERMITTING SERVICE FEES TO 120°F. 4101:2-51-30 (K) OAC
- 3) 4101:2-51-05 (A) PER APPD. MATERIALS



STATE OF OHIO
DEPARTMENT OF HEALTH
CROSS CONNECTIONS AND BACKFLOW PREVENTION INSPECTION
A detailed inspection under 4151:2-51-30 OAC will be made and
all corrections completed before issuance of final approval

NOTICE
AN APPROVED SET OF PLANS
MUST BE MAINTAINED AT
JOB SITE
4101:2-3-22

**WASTE AND VENT PIPING
APPROVED**
STATE OF OHIO DEPARTMENT OF HEALTH
AS EVIDENCED BY CERTIFIED COPY OF
JOURNAL ENTRY OF DIRECTOR
OF HEALTH SERVICE ADMINISTRATION

**OHIO DEPARTMENT OF HEALTH
APPROVAL RECOMMENDED**
MAR 28 1985
R. Melosky
DMP Inspector of Plumbing

Non Daylon Plbg & Htg, Inc.
Office

TO EXISTING BUILDING -
SEWER LINE

