

**PERMIT**

**CITY OF NAPOLEON - BUILDING DEPARTMENT**

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

Permit No. 02060 Issued 8/09/90  
date

Job Location 204 East Clinton  
address

Lot 123 Staffords Second Addition  
sub-div or legal discript

Issued By Brent N. Damman  
building official

Owner City of Napoleon 592-4010  
name tel.

Address 255 E. Clinton

Agent Nagel Construction 592-3861  
builder-eng.-etc. tel.

Address RR #5 Rd. 11-c

Description of Use Vacated

Residential \_\_\_\_\_  
no. dwelling units

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

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

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

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

Estimated Cost \$ \_\_\_\_\_

**ZONING INFORMATION**

district	lot dimensions	area	front yd	side yds	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) 16,136 cu. ft.

Electrical: \_\_\_\_\_  
brief description

Plumbing: \_\_\_\_\_  
brief description

Mechanical: \_\_\_\_\_  
brief description

Sign: \_\_\_\_\_ Dimensions \_\_\_\_\_ Sign Area \_\_\_\_\_  
type

Additional Information: demolition

Date 8-9-90 Applicant Signature Guy Nagel owner-agent **PAID**  
AUG 09 1990

FEE	BASE	PLUS	TOTAL
<input type="checkbox"/> BUILDING			
<input type="checkbox"/> ELECTRICAL			
<input type="checkbox"/> PLUMBING			
<input type="checkbox"/> MECHANICAL			
<input checked="" type="checkbox"/> DEMOLITION	10.00		10.00
<input type="checkbox"/> ZONING			
<input type="checkbox"/> SIGN			
<input type="checkbox"/> WATER TAP			
SEW. INSP.			
SEWER TAP			
TEMP. WATER			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs		
	Elect. _____ hrs		
TOTAL FEES.....			10.00
LESS MIN. FEES PAID <u>8/09/90</u>			10.00
date			
BALANCE DUE.....			-0-

# INSPECTION RECORD

	UNDERGROUND			ROUGH-IN						FINAL		
	Type	Date	By	Type	Date	By	Type	Date	By	Type	Date	By
<b>PLUMBING</b>	Building Drains			Drainage, Waste & Vent Piping			Indirect Waste			Drainage, Waste & Vent Piping		
	Water Piping									Backflow Prevention		
	Building Sewer			Water Piping			Condensate Lines			Water Heater		
	Sewer Connection									FINAL APPROVAL		
<b>MECHANICAL</b>	Refrigerant Piping			Refrigerant Piping			Chimney(s)			Grease Exhaust System		
				Duct Furnace(s)			Fire Dampers			Air Cond. Unit(s)		
	Ducts/Plenums			Ducts/Plenums			<input type="checkbox"/> Radiant Htr(s) <input type="checkbox"/> Unit Htr(s)			Refrigeration Equipment		
				Duct Insulation			Pool Heater			Furnace(s)		
				Combustion Products Vents			Ventilation <input type="checkbox"/> Supply <input type="checkbox"/> Exhst.			FINAL APPROVAL		
<b>ELECTRICAL</b>	Conduits & or Cable			Conduits/Cable			<input type="checkbox"/> Range <input type="checkbox"/> Dryer			Temp Service Temp Lighting		
	Grounding & or Bonding			Rough Wiring			<input type="checkbox"/> Generator(s) <input type="checkbox"/> Motors			Fixtures Lampholders		
	Floor Ducts Raceways			Service Panel Switchboard			<input type="checkbox"/> Water Htr <input type="checkbox"/> Welder			Signs		
	Service Conduit			Busways Ducts			<input type="checkbox"/> Heaters <input type="checkbox"/> Heat Cable			Electric Mtr. Clearance		
	Temporary Power Pole			Subpanels			<input type="checkbox"/> Duct Htr(s) <input type="checkbox"/> Furnace(s)			FINAL APPROVAL		
<b>BUILDING</b>	Location, Set-backs, Esmt(s)			Exterior Wall Construction			Roof Covering Roof Drainage			Smoke Detector		
	Excavation						Exterior Lath			Demolition (sewer cap)		
	Footings & Reinforcing						<input type="checkbox"/> Interior Lath <input type="checkbox"/> Wallboard					
	Floor Slab			Interior Wall Construction			Fire Wall(s)			Building or Structure		
	Foundation Walls			Columns & Supports			Fireplace Chimney					
	Sub-soil Drain			Crawl Space <input type="checkbox"/> Vent <input type="checkbox"/> Access			Attic <input type="checkbox"/> Vent <input type="checkbox"/> Access					
	Piles			Floor System(s)						FINAL APPROVAL BLDG. DEPT.		
				Roof System			Special Insp Reports Rec'd			Certificate of Occupancy Issued		
<b>ADDITIONAL</b>	<b>INSPECTIONS, CORRECTIONS, ETC.</b>						<b>INSPECTIONS, CORRECTIONS, ETC.</b>					
	Demolition Complete						8/3 BD					
	BY ID											
	AUG 08 1983											
	CITY OF MEMPHIS											



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

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

Estimated Cost \$ \_\_\_\_\_

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<input type="checkbox"/> ELECTRICAL			
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<input type="checkbox"/> MECHANICAL			
<input checked="" type="checkbox"/> DEMOLITION	10.00		10.00
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<input type="checkbox"/> SIGN			
<input type="checkbox"/> WATER TAP			
SEW. INSP.			
SEWER TAP			
TEMP. WATER			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			10.00
LESS MIN. FEES PAID <u>8/09/90</u> <small>date</small>			10.00
BALANCE DUE.....			0

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brief description

Plumbing: \_\_\_\_\_  
brief description

Mechanical: \_\_\_\_\_  
brief description

Sign: \_\_\_\_\_ Dimensions \_\_\_\_\_ Sign Area \_\_\_\_\_  
type

Additional Information: demolition

**PAID**

Date 8-9-90 Applicant Signature [Signature] **AUG 09 1990**  
owner-agent

**CITY OF NAPOLEON**





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. 02060 Issued 8/9/90

Job Location 204 E. Clinton

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Issued By Brent N. Damman  
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Owner City of Napoleon Pn. 592-4010

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Estimated Cost \$ \_\_\_\_\_

-ZONING INFORMATION

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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 demo. permit) 16,136 cu. ft.

Description of Work: Demolition

Ck. Permits	Reg.	Base	Fees Plus	Total
Building	_____	_____	_____	_____
Electrical	_____	_____	_____	_____
Plumbing	_____	_____	_____	_____
Mechanical	_____	_____	_____	_____
<input checked="" type="checkbox"/> Demolition	_____	<u>10.00</u>	_____	_____
Zoning	_____	_____	_____	_____
Sign	_____	_____	_____	_____
Water tap	_____	_____	_____	_____
Sewer Tap	_____	_____	_____	_____
Temp. Water	_____	_____	_____	_____
Temp. Elec.	_____	_____	_____	_____
Additional plan review	_____	_____	_____	_____
Total Fees.....			<u>10.00</u>	_____
Less Min. Fees Pd. <u>8-9-90</u>			<u>10.00</u>	_____
			date	_____
Balance Due.....			<u>0</u>	_____

**PAID**

**AUG 09 1990**

**ELECTRICAL: Electrical Contractor** \_\_\_\_\_ Pn. \_\_\_\_\_  
Address \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_  
Type of work: New \_\_\_\_\_ Service change \_\_\_\_\_ Rewiring \_\_\_\_\_ Additional Wiring \_\_\_\_\_ Temp. Elec. Req. \_\_\_\_\_  
Size of service \_\_\_\_\_ 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 \_\_\_\_\_  
San. Sewer Tap Req. \_\_\_\_\_ Size \_\_\_\_\_ Type of Pipe \_\_\_\_\_ Dr. Waste Vt. Pipe \_\_\_\_\_  
St. Sewer Tap Req. \_\_\_\_\_ Size \_\_\_\_\_ Type of Pipe \_\_\_\_\_ Street to be Opened \_\_\_\_\_  
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

Jerry Nagel to sign

Addendum No. 1 to  
Demolition Permit No. 02060

This Permit is granted with the condition that any hazardous material including but not limited to toxic chemicals and asbestos which may be encountered by the contractor during the course of demolishing the building described on the above referenced permit must be removed and disposed of in a manner prescribed by the Ohio E.P.A., as described in Appendix C of the U.S.E.P.A. Nation Emission Standards For Hazardous Air Pollutants (N.E.S.H.A.P.S.) Asbestos Regulations (40 CFR61 subpart M) and the applicable O.S.H.A. Regulations.

Further that the removal of any such material be completed by a contractor who is licensed by the Ohio Department of Health in a manner prescribed by the Ohio E.P.A. which will contain any such materials encountered within the confines of the building being demolished until said material can be put into E.P.A. approved containers for transportation to a disposal site.

Disposal of said hazardous materials shall be at a site licensed by the Ohio E.P.A. to receive and store or dispose of the specific material in question.

Any such materials which are to be stored at an approved site shall be contained in a manner and in such containers as are approved by the Governing Regulatory Agency and the Ohio E.P.A.

Upon encountering such material the contractor must notify the owner of the property, the Ohio E.P.A. and the City of Napoleon Building Department and advise them of precisely which materials have been encountered, the procedure which will be used to dispose of the material, the contractor who will do the work and the disposal site.

Certificates of approval or copies of current licenses issued to the contractors and to disposal sites shall be submitted to the City of Napoleon Building Department for review.

The Contractor shall answer the following questions:

YES  NO-A. An inspection of the building has revealed that hazardous materials are present.





YES NO-B. Laboratory testing of samples of suspect materials revealed that hazardous materials are present.

If the answer to question B. is Yes, describe the hazardous materials which were found to be present.

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If the answer to question B is Yes, fill in the information listed below, for the licensed contractor who will remove the hazardous material, and submit a copy of the contractors license.

License No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_

Owner or C.E.O. \_\_\_\_\_

If the answer to question B is yes, fill in the following information for the disposal site and submit a copy of the sites license.

License No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_

Owner of C.E.O. \_\_\_\_\_



This addendum becomes part of the above referenced permit and modifies it only to the extent herein set forth.

Received and accepted by

8-15-90  
Date

*James Nagel - Vernon Nagel Inc*  
Signature of applicant as a  
condition of granting the  
permit



