

P E R M I T

CITY OF NAPOLEON
255 W. RIVERVIEW AVE
NAPOLEON, OHIO 43545

DIVISION OF BUILDING & ZONING
PH (419) 592-4010
FAX (419) 599-8393

PERMIT NO: 1238

DATE ISSUED: 07-19-02

ISSUED BY: MRD

JOB LOCATION: 315 E CLINTON ST

EST. COST: 6500.00

LOT #:

SUBDIVISION NAME:

OWNER: TONJES, JAMES
ADDRESS: 825 HOBSON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-6085

AGENT: JT'S BLDG MAINT & CO
ADDRESS: 825 HOBSON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-6085

USE TYPE - RESIDENTIAL:

OTHER:

ZONING INFORMATION

DIST: LOT DIM: AREA: FYRD: SYRD: 7 RYRD: 10
MAX HT: # PKG SPACES: # LOADING SP: MAX LOT COV:

BOARD OF ZONING APPEALS:

WORK TYPE - NEW: x REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: WIDTH: STORIES: LIVING AREA SF:
GARAGE AREA SF: 576 HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION
NEW GARAGE 24X24

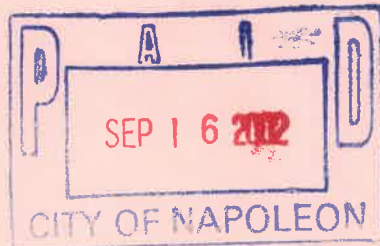
FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT

51.00



TOTAL FEES DUE

51.00

DATE

APPLICANT SIGNATURE

DIVISION OF BUILDING & ZONING
PH (419) 523-4018
FAX (419) 524-4333

PERMIT

CITY OF HAWAII
355 W. BERTHOUD AVENUE
HAWAII, OHIO 43240

PERMIT NO: 1234 DATE ISSUED: 07-19-02 ISSUED BY: HRD

JOB LOCATION: 315 N CLINTON ST EST. COST: \$500.00

LOT #: SUBDIVISION NAME:

OWNER: JONES, JAMES
ADDRESS: 315 HOBSON ST
CITY: HAWAII, OH 43240
PHONE: 419-523-4567
AGENT: JIM WILSON
ADDRESS: 315 HOBSON ST
CITY: HAWAII, OH 43240
PHONE: 419-523-4567

JOB TYPE - RESIDENTIAL

ZONING INFORMATION

HEIGHT: 10 FT
MAX FT: 10 FT
MAX AREA: 1000 SQ FT
MAX LOT COV: 10%
YARD: 5 FT
YARD: 5 FT

BOARD OR ZONING APPEALS:

WORK TYPE - NEW * PERMIT: ALTER: REMODEL:

WORK INFORMATION

PERMITS: ELECTRICAL: PLUMBING: MECHANICAL: HVAC: OTHER:
HEIGHT: 10 FT WIDTH: 10 FT
GROSS AREA: 100 SQ FT
LIVING AREA: 50 SQ FT

WORK DESCRIPTION
NEW GARAGE 10x10

FEE DESCRIPTION

PERMIT FEE: \$100.00

BUILDING PERMIT

\$100.00

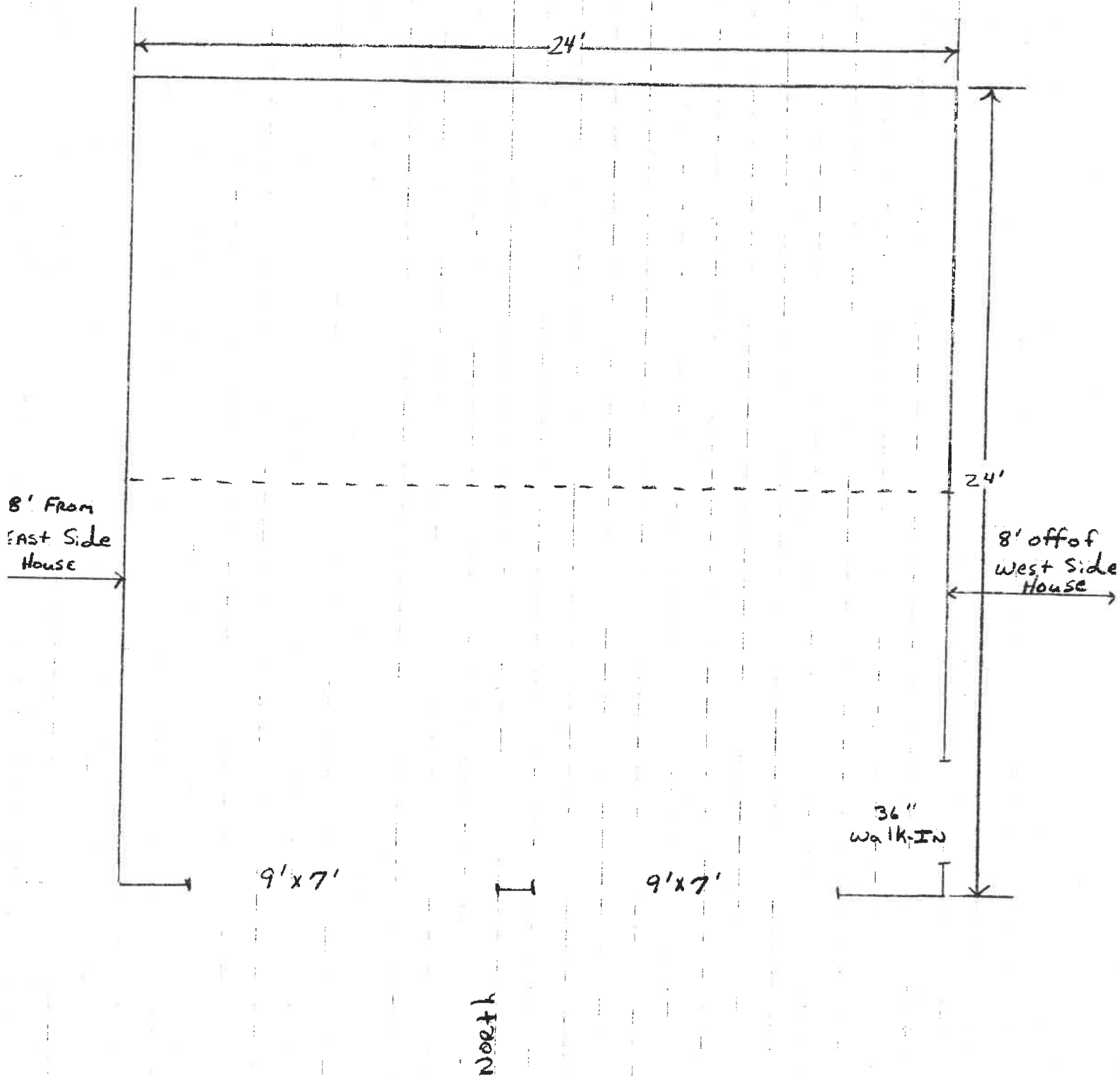


TOTAL FEE: \$100.00

APPLICANT SIGNATURE

DATE

3/5
E. Clinton
24' x 24' Garage



Permit
Charge?
Building
Valuation

CITY OF NAPOLEON OHIO PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITION, REMODELING.

DATE _____ JOB LOCATION 315 E. CLINTON 7ft side

LOT # _____ SUBDIVISION NAME _____ 10 Rear

OWNER _____ PHONE _____

OWNER ADDRESS JIM TOLTES CITY _____ ZIP _____

CONTRACTOR JERRY TOLTES PHONE _____

CONTRACTOR ADDRESS _____ CITY _____ ZIP _____

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: 24x24 GARAGE - REAR OF HOUSE

ESTIMATED COST OF WORK TO BE PERFORMED: \$10500.00

WORK INFORMATION

BUILDING: Basement Floor Area _____ Sq. Ft. 1st Story Living Area _____ Sq. Ft.
2nd Floor Living Area _____ Sq. Ft. Garage Floor Area _____ Sq. Ft.

BUILDING SIZE: Length _____ Width _____ Stories _____ Height _____ DEMO VOL _____

Masonry Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Electrical Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Plumbing Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Heating Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Insulation Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Other Contractor attach information.

ZONING INFORMATION (to be completed by City): District _____ Lot Dimensions _____
Lot Area _____ FRSB _____ SYSB _____ RYSB _____ Max Ht _____ ft Max Cov _____ %

I by signing below agree to comply with all applicable City of Napoleon Codes & Ordinances while performing the work herein described. I understand that all work for which a permit is issued is required to be approved by the building inspector of the City of Napoleon.

Applicant Signature _____ Date _____

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1238

DATE ISSUED: 07-19-2002

JOB LOCATION: 315 E CLINTON ST

OWNER: TONJES, JAMES

OWNER PHONE: 419-592-6085

CONTRACTOR: JT'S BLDG MAINT & CONSTR

CONTRACTOR PHONE: 419-592-6085

WORK DESCRIPTION: NEW GARAGE 24X24

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

 SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

 FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

 SERV UPGR _____

BUILDING: SITE 7-19 FTG 7-19 FNDDT 7-25

 STRUC _____ ROOF _____ EXT _____

 VENT _____ ACCES _____ EGRS _____

 SMKDT _____ FINAL _____

 ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTOR INITIALS: _____

PHYSICS DEPARTMENT

PHYSICS 551

PROBLEM SET 1

DATE: _____

NAME: _____

PROBLEM 1

PROBLEM 2

PROBLEM 3

PROBLEM 4

PROBLEM 5

PROBLEM 6

PROBLEM 7

PROBLEM 8

PROBLEM 9

PROBLEM 10

PROBLEM 11

PROBLEM 12

PROBLEM 13

PROBLEM 14

PROBLEM 15

PROBLEM 16

PROBLEM 17

PROBLEM 18

PROBLEM 19

PROBLEM 20

PROBLEM 21

PROBLEM 22

PROBLEM 23

PROBLEM 24

PROBLEM 25