

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

Permit No. 3066 Issued 10/28/93
 Job Location 340 E. Clinton St.
 Lot _____
 Issued by Brent N. Damman
 Owner Henry County Residential
 Address 340 E. Clinton St. Napoleon, OH
 Agent Merrit Plbg., Inc.
 Address 8432 W. Central Suite 1 Sylvania, OH 43560
 Use Type - Residential X
 Other - Describe _____
 No. Dwelling Units _____
 New _____ Replacement _____
 Add'n. X Alter _____ Remodel _____
 Mixed Occupancy _____
 Change of Occupancy _____
 Estimated Cost \$ 2,500.00

| FEES | BASE | PLUS | TOTAL |
|--|----------------|-----------------|-----------------|
| <input type="checkbox"/> Building | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Electrical | \$ _____ | \$ _____ | \$ _____ |
| <input checked="" type="checkbox"/> Plumbing | \$ <u>9.00</u> | \$ <u>24.00</u> | \$ <u>33.00</u> |
| <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..... | | | \$ <u>33.00</u> |
| LESS FEES PAID..... | | | \$ <u>33.00</u> |
| BALANCE DUE..... | | | \$ <u>-0-</u> |

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: Adding a Sprinkler System
 Mechanical: _____
 Additional Information: _____

Date 11-1-93 Applicant Signature BND

PAID

NOV 01 1993

CITY OF NAPOLEON

APPLICATION FOR

Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit
FROM - 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. 3066 ISSUED 10-28-93

JOB LOCATION 340 E. Clinton

LOT _____
 (Subdivision or Legal Description)

ISSUED BY BND
 (Building Official)

OWNER Henry Co. Residential PHONE 592-0238

ADDRESS 340 E. Clinton, Napoleon Oh

AGENT Merit Plbg. Inc. PHONE 841-3216

ADDRESS 8432 W. Central Suite 1 Sylvania

USE: Residential Commercial Industrial
 Other _____

WORK: New Addition Replacement Remodel

ESTIMATED COST = \$ ~~2500.00~~ \$2,500.00

| | <u>Base</u> | <u>Plus</u> | <u>Total</u> |
|--|----------------|-----------------|-----------------|
| <input type="checkbox"/> Building | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Electrical | \$ _____ | \$ _____ | \$ _____ |
| <input checked="" type="checkbox"/> Plumbing | \$ <u>9.00</u> | \$ <u>24.00</u> | \$ <u>33.00</u> |
| <input type="checkbox"/> Mechanical | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Demolition | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Zoning | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Sign | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Water Tap | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Sewer Tap | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Temp Water | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Temp Elec. | \$ _____ | \$ _____ | \$ _____ |

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

| | |
|----------------|-----------------|
| TOTAL FEES | \$ <u>33.00</u> |
| Less Fees Paid | \$ _____ |
| BALANCE DUE | \$ _____ |

ZONING INFORMATION

| <u>District</u> | <u>Lot Dimensions</u> | <u>Area</u> | <u>Front Yard</u> | <u>Side Yard</u> | <u>Rear Yard</u> |
|-----------------|-----------------------|-------------|-------------------|------------------|------------------|
| | | | | | |

| <u>Max Height</u> | <u>No. Pkg. Spaces</u> | <u>No. Ldg. Spaces</u> | <u>Max Cover</u> | <u>Petition or Appeal Required-Date</u> |
|-------------------|------------------------|------------------------|------------------|---|
| | | | | |

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: Width _____ Length _____ Stories _____ Height _____
 Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: Sprinkler system

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 _____

Merit Plumbing, Inc.

Plumbing Contractor



8432 W. CENTRAL AVENUE, SUITE 1 SYLVANIA, OHIO 43560

(419) 841-3216
FAX (419) 841-8642

TRANSMITTAL

TO: CITY OF NAPOLEON, OHIO
Building Department
255 West Riverview Avenue
Napoleon, OH 43545

ATTENTION: Mr. Brent N. Damman

DATE: October 27, 1993

PROJECT: RESIDENTIAL CENTER

LOCATION: 340 East Clinton St.
Napoleon, OH 43545

JOB NO. 594

We are forwarding herewith XX, under separate cover _____ the following:

Fire drawings.

THESE ARE ISSUED FOR:

_____ Your use as requested

XX Approval

_____ Information & File

_____ Prices for bids due:
by _____

OTHER: _____

_____ Revision

_____ Field Distribution

_____ Fabrication

_____ Construction

_____ Approved

_____ Approved as
Noted

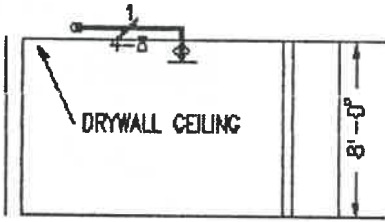
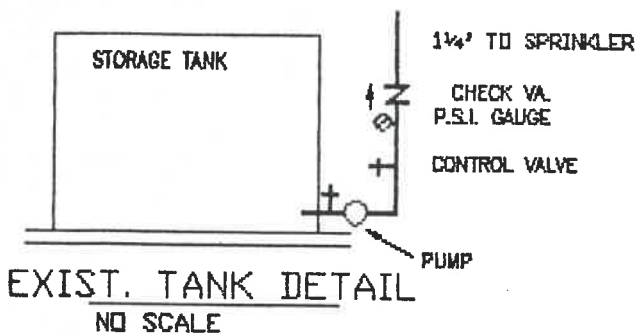
_____ Not Approved

_____ Correction &
Resubmission

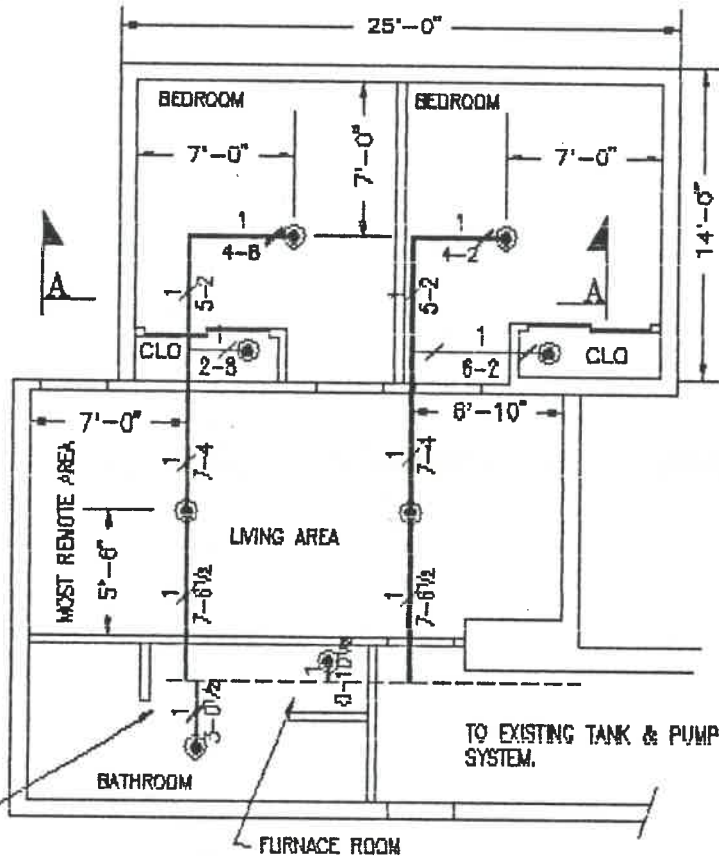
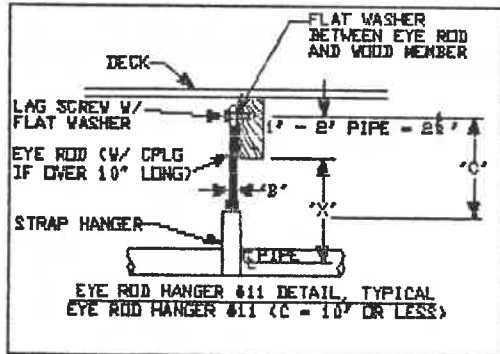
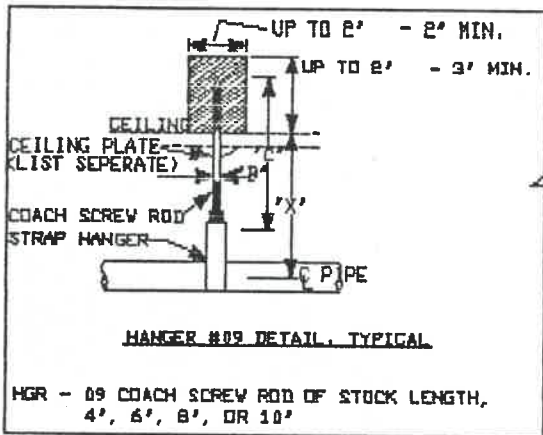
REMARKS:

MERIT PLUMBING, INC.

NOTE: THE SPRINKLERS MUST MATCH THE EXISTING R-1 PENDENT STYLE BY CENTRAL SPRINKLER COMPANY. APPROVED RESIDENTIAL SPRINKLERS ARE MANDATORY TO COMPLY WITH NFPA 13-D.



SECTION A-A



CONNECT NEW PIPING TO EXISTING CPVC PIPING. INSTALL BELOW INSULATION WITH PROPER HGRS.

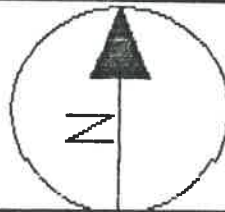
PARTIAL 1ST FLOOR PLAN

DESIGNERS NOTE: THIS NEW AREA IS LESS DEMANDING THAN THE EXISTING 2ND FLR. REMOTE AREA, THEREFORE CALCULATIONS ARE NOT REQUIRED. I KNOW, BECAUSE I INSTALLED THE EXISTING SYSTEM. SPRINKLERS ARE NOT REQUIRED IN THE NON STORAGE ATTIC PER NFPA 13-D. THIS IS AN ADDITION TO EXISTING SYSTEM.

LIMITED SERVICE FIRE SPRINKLER PLAN
 INSTALL PER NFPA 13-D & OBBC
 PIPE AND FITTINGS = COPPER TYPE M
 HANGERS = PER NFPA, SEE DETAILS.
 8- SPRINKLER(S): CENTRAL 1/2" 155 F. TP BR.
 O = HYDRAULIC CALCULATION POINT
 OWNER IS RESPONSIBLE FOR FREEZE PROT.

RESIDENTIAL CENTER
 340 EAST CLINTON STREET
 NAPOLEON, OHIO 43545

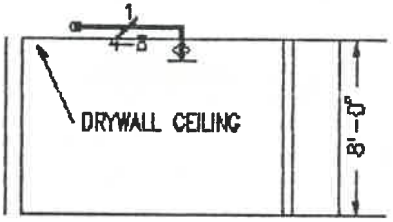
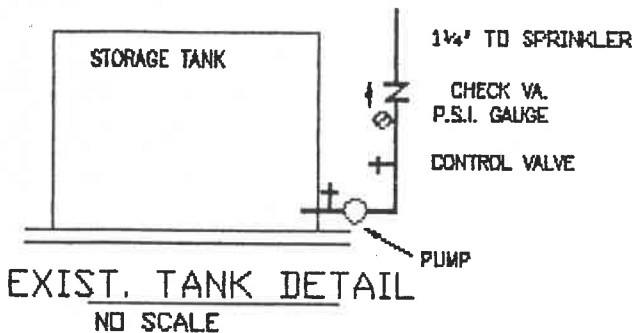
MERIT PLUMBING, INC
 8432 W. CENTRAL AVE. SUITE 1 SYLVANIA, OHIO 43560 PHONE 841-3218



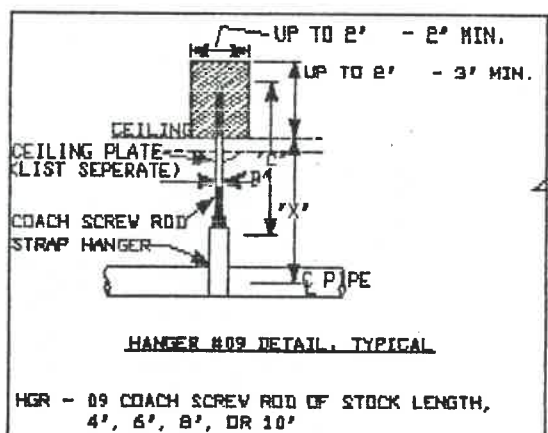
SCALE: 1/8" = 1'-0"

DATE: OCT 17, 1993
 DRN BY: K.E.G. C-036
 DRWG. NO FP-1
 REVISED:
 APPROVED BY:

NOTE: THE SPRINKLERS MUST MATCH THE EXISTING R-1 PENDENT STYLE BY CENTRAL SPRINKLER COMPANY. APPROVED RESIDENTIAL SPRINKLERS ARE MANDATORY TO COMPLY WITH NFPA 13-D.

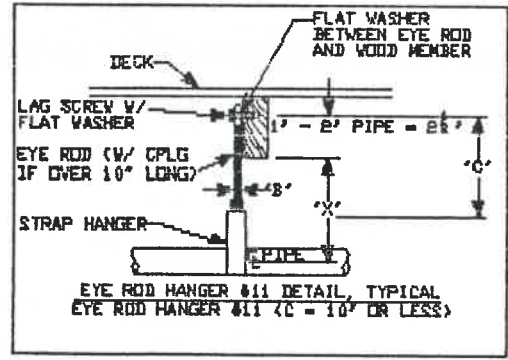


SECTION A-A

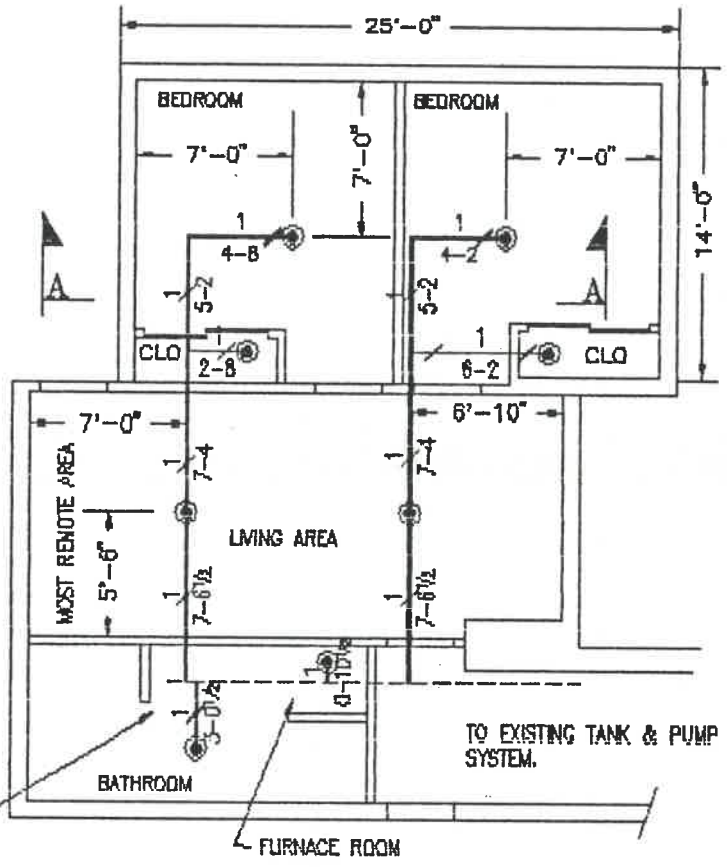


HANGER #09 DETAIL, TYPICAL

HGR - 09 COACH SCREW ROD OF STOCK LENGTH, 4', 6', 8', OR 10'



EYE ROD HANGER #11 DETAIL, TYPICAL
EYE ROD HANGER #11 (C = 10' OR LESS)



PARTIAL 1ST FLOOR PLAN

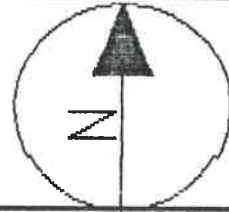
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NAPOLEON, OHIO 43545

MERIT PLUMBING, INC
8432 W. CENTRAL AVE. SUITE 1 SYLVANIA, OHIO 43560 PHONE 841-3216



SCALE: 1/8" = 1'-0"

DATE: OCT 17, 1993
DRN BY: K.E.S. C-036
DRWG. NO FP-1
REVISED:
APPROVED BY:

Snow's Fire Protection Service Inc.

FAX (419) 636-6508

P. O. BOX 794-906 E. MULBERRY
BRYAN, OHIO 43508

FAX TRANSMISSION

DATE: Dec. 20, 1993

TO: Napoleon Building Inspector Brent Dammon

FROM: Phil

RE: Copy of Print for Henry Co. Residential Service.

320 E. Clinton
[Signature]

Please Fax us a paper stating that you Approved the Hood at the Henry
Co. Residential Service for our files.

REQUEST ANSWER BY: ASAP

SEND ANSWER TO: Attn: Phil

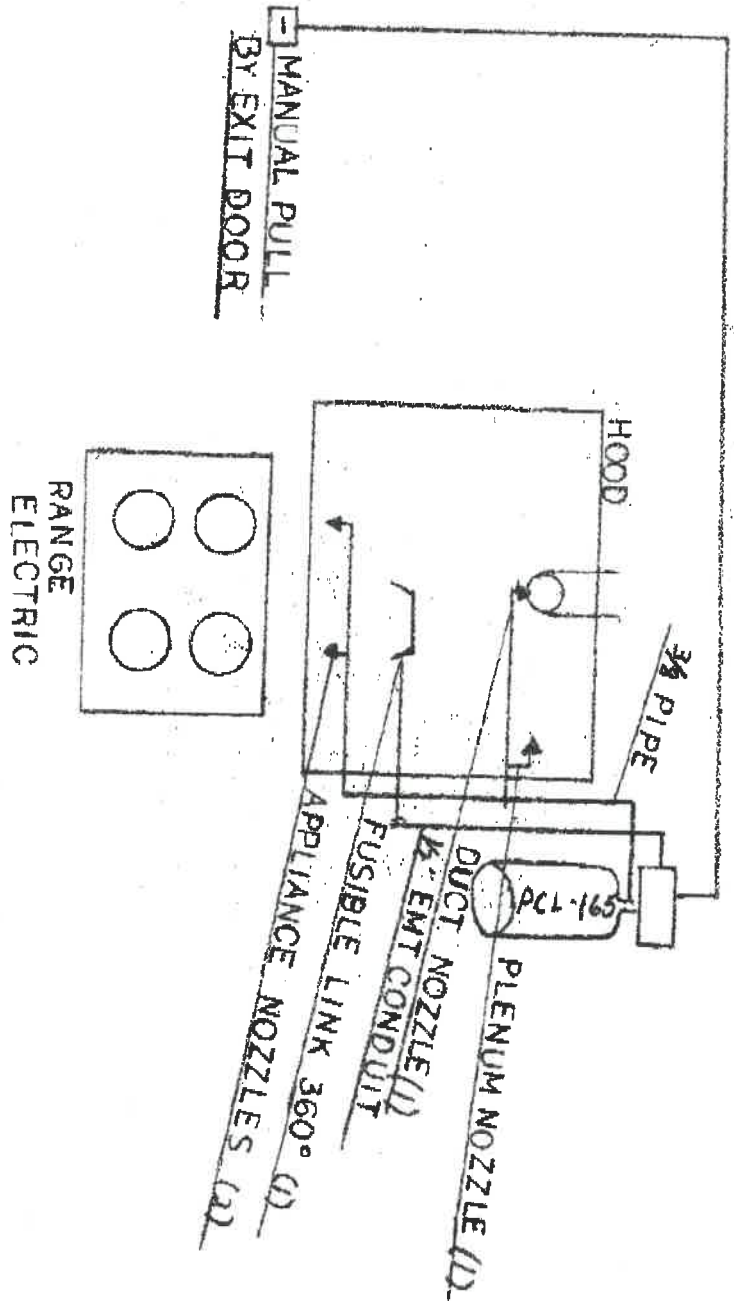
TOTAL PAGES THIS TRANSMISSION: 2 (Including this page)

Snow's Fire Protection Service

P. O. BOX 794 - 906 E. Mulberry S
BRYAN, OHIO 43506

PYRO CHEM INC.
MODEL PCL-165
UL-EX 3830 MAY 11988

5420-1033
PHIL BRUNNER



HENRY CO. RESIDENTIAL SERVICE
340 E. CLINTON
NAPOLÉON, OHIO

PHONE 636-5316
AREA CODE 419
FAX: 419-636-6508

