

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

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

Permit No. 02338 Issued 9-5-91
date

Job Location 414 EAST CLINTON
address

Lot _____
sub-div or legal discript

Issued By BRENT N. DAMMAN
building official

Owner HAROLD MANN
name tel.

Address 414 EAST CLINTON, NAPOLEON
OHIO 43545

Agent SELF
builder-eng.-etc. tel.

Address _____

Description of Use RESIDENTIAL

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 200.00

| FEES | BASE | PLUS | TOTAL |
|--|-------------------|------------------|---------|
| <input checked="" type="checkbox"/> BUILDING | \$ 9.00 | | \$ 9.00 |
| <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 | | | |
| SEW. INSP. | | | |
| SEWER TAP | | | |
| TEMP. WATER | | | |
| TEMP. ELECT. | | | |
| ADDITIONAL PLAN REVIEW | Struct. _____ hrs | Elect. _____ hrs | |
| TOTAL FEES..... | | | \$ 9.00 |
| LESS MIN. FEES PAID <u>9-5-91</u> <small>date</small> | | | \$ 9.00 |
| BALANCE DUE..... | | | \$ 0.00 |

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) _____ cu. ft.

Electrical: _____
brief description

Plumbing: _____
brief description

Mechanical: _____
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

Additional Information: CONSTRUCT 8' X 8' STORAGE SHED.

Date 9-5-91 Applicant Signature *Harold Mann*
owner-agent

CITY OF NAPOLEON
 SEP 05 1991
PAID

INSPECTION RECORD

| | UNDERGROUND | | | ROUGH-IN | | | | | | FINAL | | |
|-------------------|---------------------------------------|------|----|--|------|----|---|------|----|---------------------------------|---------|----|
| | Type | Date | By | Type | Date | By | Type | Date | By | Type | Date | By |
| PLUMBING | 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 | | |
| MECHANICAL | 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 | | |
| ELECTRICAL | 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 | | |
| BUILDING | 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 | 9/23/80 | BD |
| | 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 | | |
| ADDITIONAL | INSPECTIONS, CORRECTIONS, ETC. | | | | | | INSPECTIONS, CORRECTIONS, ETC. | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
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**APPLICATION FOR
Residential Building, Electrical, Plumbing, Mechanical & Demolition Permits
from the
CITY OF NAPOLEON - BUILDING DEPARTMENT
255 West Riverview Ave., Napoleon, Ohio 43545 (419) 592-4010**

PERMIT NO. 02338 ISSUED 9-5-91
 JOB LOCATION 414 E. Clinton
 LOT _____ SUB-DIV _____
 ISSUED BY BND
 OWNER Harold Mann PN EA
 ADDRESS 414 E. Clinton
 AGENT Self PN _____
 ADDRESS _____
 DESCRIPTION OF USE:
 _____ RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL
X NEW _____ ADDITION _____ ALTER _____ REMODEL
 MIXED OCCUPANCY _____
 CHANGE OF OCCUPANCY _____
 ESTIMATED COST \$ 200,000
 ZONING INFORMATION:

| | Base | Plus | Total |
|--|----------|----------|----------------|
| <input checked="" type="checkbox"/> Building | \$ _____ | \$ _____ | \$ <u>9.00</u> |
| <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"/> Sewer Tap | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Temp Water | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Temp Elec | \$ _____ | \$ _____ | \$ _____ |
| Total Fees | | | \$ <u>9.00</u> |
| Less Fees Paid <u>9-5-91</u> | | | \$ <u>9.00</u> |
| BALANCE DUE | | | \$ _____ |

| District | Lot Dimensions | | Area | Front Yard | Side Yard | Rear Yard |
|----------|----------------|----------------|-----------|--------------------------------------|-----------|-----------|
| Max Hgt | No. Pkg Spaces | No. Ldg Spaces | Max Cover | Petition or Appeal Required and Date | | |

WORK INFORMATION:
 Building: Garage Floor Area _____ Basement Floor Area _____ Second Floor Area _____
 Size: Length _____ Width _____ Stories _____ Ground Floor Area _____ Height _____
 Building Volume (for Demolition Permit) _____ cu. ft.

DESCRIPTION OF WORK: Construct 8'x8' Storage shed

PAID

SEP 05 1991

Continue on back side for Electrical, Plumbing, Mechanical & other information
 CITY OF NAPOLEON

ELECTRICAL: Electrical Contractor _____ Phone _____

Address _____ Estimated Cost:\$ _____

Type of Work: New ___ Service Change ___ Rewiring ___ Add'l Wiring ___ Temp Elec Req.: Yes ___ No ___

Size of Service _____ Underground _____ Overhead _____ No. of New Circuits _____

Description of Work: _____

PLUMBING: Plumbing Contractor _____ Phone _____

Address _____ Estimated Cost:\$ _____

Water Tap Req.: Yes ___ No ___ Size _____ Type of Pipe _____ Water Dist. Pipe _____

San. Sewer Tap Req.: Yes ___ No ___ Size _____ Type of Pipe _____ Dr. Waste Vt. Pipe _____

St. Sewer Tap Req.: Yes ___ No ___ Size _____ 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 ___ Dishwasher ___

Clothes Washer ___ Floor Drains ___ Other (Fixtures/Type) _____

Description of Work: _____

MECHANICAL: 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 ___

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 _____

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 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 Department Rules and Regulations, Standard Specifications and other Pertinent Sections of the Napoleon Code of Ordinances.

Dated _____ Signature of Applicant _____