

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

Permit No. <u>3809</u> Issued <u>03/07/95</u>	FEES	BASE	PLUS	TOTAL
Job Location <u>125 W. Clinton St.</u>	<input type="checkbox"/> Building	\$	\$	\$
Lot _____	<input type="checkbox"/> Electrical	\$	\$	\$
Issued by <u>Brent N. Damman</u>	<input type="checkbox"/> Plumbing	\$	\$	\$
Owner <u>Family Video 810/939-5975</u>	<input type="checkbox"/> Mechanical	\$	\$	\$
Address <u>1022 E. Adams St. Springfield, IL 62703</u>	<input type="checkbox"/> Demolition	\$	\$	\$
Agent <u>XXXXXXXXXXXX</u>	<input type="checkbox"/> Zoning	\$	\$	\$
<u>West Valley Development, Inc.</u>	<input type="checkbox"/> Sign	\$	\$	\$
Address <u>5633 Aspen, Suite A Toledo, OH 43615</u>	<input checked="" type="checkbox"/> Water Tap	\$ 650.00	\$	\$ 650.00
Use Type - Residential _____	<input type="checkbox"/> Sew. Insp.	\$	\$	\$
Other - Describe <u>Commercial</u>	<input checked="" type="checkbox"/> Sewer Tap	\$ 100.00	\$ 20.00	\$ 120.00
No. Dwelling Units _____	<input checked="" type="checkbox"/> Temp. Water	\$ 5.00	\$	\$ 5.00
New _____ Replacement _____	<input checked="" type="checkbox"/> Temp. Elec.	\$ 10.00	\$	\$ 10.00
Add'n. _____ Alter _____ Remodel _____	TOTAL FEES.....\$ 785.00			
Mixed Occupancy _____	LESS FEES PAID.....\$ 785.00			
Change of Occupancy _____	BALANCE DUE.....\$ -0-			
Estimated Cost \$ _____				

ZONING INFORMATION

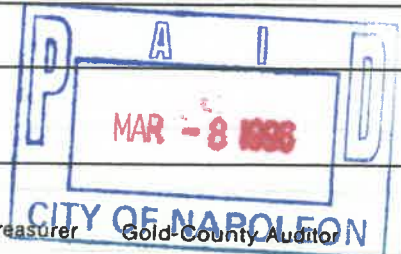
district	lot dimensions	area	front yd	side yd	rear yd
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr

WORK INFORMATION

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____
 Height _____ Building Volume (for Demo. Permit) _____

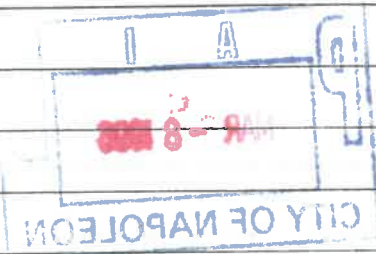
Electrical: _____
 Plumbing: Video Store
 Mechanical: _____
 Additional Information: _____

Date 3/7/96 Applicant Signature _____



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		
	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.					



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. 3809 ISSUED 3-7-96

JOB LOCATION 125 W. Clinton

LOT 23, A+5 Block #1 original Plat
 (Subdivision or Legal Description)

ISSUED BY BND
 (Building Official)

OWNER Family Video PHONE (810) 939-3975

ADDRESS 1022 E. Adams St. Springfield IL 62703

AGENT West Valley Develop Inc. PHONE 865-0366

ADDRESS 5633 Aspen, Suite A Toledo OH 43615

USE: () Residential (X) Commercial () Industrial
 () Other _____

WORK: (X) New () Addition () Replacement () Remodel

ESTIMATED COST = \$ _____

	<u>Base</u>	<u>Plus</u>	<u>Total</u>
() Building	\$ _____	\$ _____	\$ _____
() Electrical	\$ _____	\$ _____	\$ _____
() Plumbing	\$ _____	\$ _____	\$ _____
() Mechanical	\$ _____	\$ _____	\$ _____
() Demolition	\$ _____	\$ _____	\$ _____
() Zoning	\$ _____	\$ _____	\$ _____
() Sign	\$ _____	\$ _____	\$ _____
(X) Water Tap	\$ <u>650.00</u>	\$ _____	\$ <u>650.00</u>
(X) Sewer Tap	\$ <u>100.00</u>	\$ <u>20.00</u>	\$ <u>120.00</u>
(X) Temp Water	\$ <u>5.00</u>	\$ _____	\$ <u>5.00</u>
(X) Temp Elec.	\$ <u>10.00</u>	\$ _____	\$ <u>10.00</u>

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

TOTAL FEES \$ 785.00
 Less Fees Paid \$ _____
 BALANCE DUE \$ _____

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date

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: Length _____ Width _____ Stories _____ Height _____
 Building Volume (for Demolition Permit) _____ cubic feet
 Description of Work: Video Store

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 _____

City Of Napoleon
FIELD SURVEY FORM

Premises Address: 125 W. Clinton Company Name: Family Video
Contact Name: Garl Contact Phone No: 592-7064
Service No: 9625 Service Size: 1" Meter No: 41632659 Meter Size: 3/4" Date Installed: 7-3-96
Type of Inspection: Initial Follow-Up Date of Inspection: 3-24-99 Inspector Name: Charlie
Type of Use: Industrial Commercial Residential Water Main Size: 8" System Pressure 65-75psi
Type of Service: Domestic Fire Combined Any Other Water Source: Yes No
If Yes, Other Type: Additional City Service Auxiliary Source Interconnected: Yes No

DOMESTIC SYSTEMS

Type of Use: Processing Product Potable Sanitary Irrigation Limited Area Fire
Type of Heating: Forced Air Electric Solar Boilers Chemical Treatment: Yes No
Type of Cooling: Cooling Tower Chiller Chemical Treatment: Yes No Direct Conn: Yes No
Dishwasher: Yes No Eductors: Yes No Garbage Disposal: Yes No Jacuzzi: Yes No
Swimming Pool: Yes No Air Gap at Supply: Yes No Pumps Used: Yes No Capacity _____

INSPECTOR COMMENTS/DIAGRAMS

- 1 - bathroom
- 1 - utility sink
- 1 - Drinking fountain
- 1 - Hot Water Heater

expansion tank already in place

FIRE PROTECTION SYSTEMS

Limited Area

System Type: Dry Spinkler Wet Sprinkler Dry Riser Wet Riser Hydrants: Yes No
Hydrants Self-Draining: Yes No Storage Provided: Yes No Antifreeze Legs: Yes No
Auxiliary Water Storage: Yes No Pumps Used: Yes No Capacity: _____ (GPM) Pressure: _____

INSPECTOR COMMENTS/DIAGRAMS

3/4" wilkins D.C.A. on Potable is sufficient

1" D.C. 2000 Ames Silver Bullet on Limited area fire line is sufficient also.

BACKFLOW PREVENTION REQUIREMENTS

Devices just need to be tested

12-14-92

~~Larry King~~ Larry Ton

733 N. Perry

Parking lot drainage

M/H in front of old hos Lot.

