

PERMIT

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

Permit No. 01436 Issued 8-24-87
date

Job Location 403 W. Clinton
address

Lot 11 Tylers 2nd Add.
sub-div or legal discript

Issued By Eldon Huber
building official

Owner Paul Oehrtman
name tel.

Address Rt. #5 - Napoleon, Ohio

Agent Standard Plumbing
builder-eng.-etc. tel.

Address 1530 N. Scott

Description of Use Residence

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel X

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 9,000.00

ZONING INFORMATION N.A.

district B	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: N.A.

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____

Height _____ Building Volume (for demo. permit) _____ cu. ft.

Electrical: Refer to Permit No. 01421

Plumbing: Re-plum 2 - bath's & laundry
brief description

Mechanical: Install complete forced air heating system & natural gas furnace.
brief description

Sign: N.A. Dimensions _____ Sign Area _____
type

Additional Information: See plan correction sheet refer to Permit No. 01421.

Date 8-21-87 Applicant Signature *David Oehrtman*
owner-agent

FEES	BASE	PLUS	TOTAL
<input type="checkbox"/> BUILDING			
<input type="checkbox"/> ELECTRICAL			
<input checked="" type="checkbox"/> PLUMBING	6.00	14.00	20.00
<input checked="" type="checkbox"/> MECHANICAL	12.00	9.80	21.80
<input type="checkbox"/> DEMOLITION			
<input type="checkbox"/> ZONING			
<input type="checkbox"/> SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			41.80
LESS MIN. FEES PAID			
BALANCE DUE.....			

PAID
 AUG 20 1987
 CITY OF NAPOLEON

RESIDENTIAL PLAN CORRECTION SHEET

CITY OF NAPOLEON
 255 West Riverview Ave.
 Napoleon, Ohio 43545
 419/592-4010

ADDENDUM TO Permit No. 01436-11
 Owner PAUL G. HUBER
 Contractor STANDARD PLUMBING
 Location 403 W. CLINTON

Please note the items checked below and incorporate them into your plans as indicated: PERMIT ISSUED, INCORPORATE ITEMS DURING CONSTRUCTION. PERMIT NOT ISSUED, CORRECT PLANS AND RE-SUBMIT.

GENERAL		
<input checked="" type="checkbox"/> Provide approved smoke detector(s) as req'd.	Show size of members supporting porch roof.	
Provide 1/2" gypsum wallboard between dwelling and garage, on garage side.	Provide double top plate for all bearing partitions and exterior walls.	
Provide min. 1 3/8" solid wood door from garage to dwelling. (or equal)	Provide design data for prefab wood truss.	
Submit fully dimensioned plot plan.	Ceiling joists undersized in _____	
Provide min. of 1-3'0" x 6'8" exit door.	Roof rafters undersized in _____	
Provide min. 22" x 30" attic access opening.	PLUMBING AND MECHANICAL	
Provide min. 18" x 24" crawl space access opening.	<input checked="" type="checkbox"/> Terminate all exhaust systems to outside air.	
Provide approved sheathing or flashing behind masonry veneer.	<input checked="" type="checkbox"/> Insulate ducts in unheated areas.	
Provide min. 15# underlayment on roof.	<input checked="" type="checkbox"/> Provide backflow prevention device on all hose bibs.	
Provide adequate fireplace hearth.	<input checked="" type="checkbox"/> Terminate pressure and temperature relief valve drain in an approved manner.	
Install factory built fireplaces/stoves according to manufacturers instructions.	Provide dishwasher drain with approved air gap device.	
Terminate chimney 2' above roof or 2' above highest point of building within 10' of chimney.	METAL VENEERS	
LIGHT AND VENTILATION		
Provide mechanical exhaust or window in bathroom _____	Contact City Utilities Dept. to remove conductors and/or meter.	
Provide min. _____ Sq. In. net free area attic ventilation.	Provide approved system of grounding and bonding.	
Provide min. _____ Sq. In. net free area crawl space ventilation.	ELECTRICAL	
FOUNDATION		
Min. depth of foundation below finished grade is 32".	Show location of service entrance panel and service equipment panel.	
Min. size of footer _____" x _____"	G. F. C. I. req'd. on temporary electric.	
Provide anchor bolts 1/2" @ 6' o.c. 1' from each corner. Embedded 7" in concrete and 15" in masonry.	Outdoor, bathroom and garage receptacles shall be protected by G. F. C. I.	
Show size of basement columns.	Maximum number of receptacles permitted on a G. F. C. I. circuit shall be 10 for 20 A. circuits and 7 for 15A. circuits.	
FRAMING		
Show size of wood girder in _____	Refrigerators, microwaves, washers, disposal, furnace and air conditioners shall be on separate circuits.	
Provide design data for structural member in _____	INSPECTIONS	
Floor joists undersized in _____	The following indicated inspections are required. The owner or his agent shall contact the City Building Dept. at least 24 hrs prior to the time the inspection is to be made.	
Provide double joists under parallel bearing partitions.	Footers and Setbacks.	Building sewer.
Provide 1" x 4" let in corner bracing, approved sheathing, or equal.	Foundation.	<input checked="" type="checkbox"/> HVAC rough-in.
Show size of headers for openings over 4' wide _____	<input checked="" type="checkbox"/> Plumbing rough-in.	Final Building other,
	<input checked="" type="checkbox"/> Plumbing final.	
	Electrical service.	
	Electrical rough-in.	
	Electrical final	

Additional Corrections. _____

Approval of plans and specifications does not permit the violation of any section of the Building Code or other City Ordinance. This addendum is attached to Permit No. 01436 and made a part thereof. DATE APPROVED OR DISAPPROVED 8-24-87 Checked by ELDON HUBER
 Plan Examiner.

DATE RECHECKED AND APPROVED _____

Checked by _____

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

01436 255 West Riverview Avenue, Napoleon, Ohio 43545 - 419-592-4010

Permit No. Issued 8-24-87
date

Job Location 403 W. CLINTON
address

Lot 11 TYLERS 2ND ADDITION
sub-div or legal discript

Issued By FH
building official

Owner PAUL DEHETMAN
name tel.

Address RT #5 NAP, OH

Agent STANDAER PLUMBING
builder-eng.-etc. tel.

Address 1530 N. SCOTT

Description of Use RESIDENCE

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel X

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 9000.00

FEES	BASE	PLUS	TOTAL
BUILDING			
ELECTRICAL			
PLUMBING	6.00	14.00	20.00
MECHANICAL	12.00	9.80	21.80
DEMOLITION			
ZONING			
SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs		
	Elect. _____ hrs		
TOTAL FEES.....			41.80
LESS MIN. FEES PAID _____			
	<small>date</small>		
BALANCE DUE.....			

ZONING INFORMATION N.A.

district	lot dimensions	area	front yd	side yds	rear yd
<u>B</u>					
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr

WORK INFORMATION: N.A.

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____

Height _____ Building Volume (for demo. permit) _____ cu. ft.

Electrical: ~~APPLY FOR SEPARATELY~~ REFER TO PERMIT NO 01421
brief description

Plumbing: RE-PLUM KITCHEN 2-BATH'S & LAUNDRY
brief description FORCED AIR

Mechanical: INSTALL COMPLETE HEATING SYSTEM & NAT GAS FURNACE
brief description

Sign: N.A. Dimensions _____ Sign Area _____
type

Additional Information: SEE PLAN CORRECTION SHEET
REFER TO PERMIT NO 01421

Date _____ Applicant Signature _____
owner-agent

6:00

12.00

9.80

21.80

CITY OF NAPOLEON
BUILDING INSPECTION DEPARTMENT
APPLICATION FOR HEATING PERMIT
(PLEASE PRINT OR TYPE)

The undersigned hereby makes application for the installation, replacement or alteration of a heating system or device as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Mechanical Code for 1, 2 and 3 Family Buildings.

Owner's Name PAUL E. DEHRTMAN Address RS

Contractor's Name STANDARD PLUMBING Address 1530 Scott St Tel. 542-5406

BUILDING INFORMATION:

Single Family Double Family _____ Multiple _____ New Construction _____

Addition _____ Remodel Replacement _____ No. of Stories _____

DESCRIPTION OF WORK

Heating System - Warm Air Hot Water _____ Steam _____ Electric _____

Unit Heaters _____ Unit Gas Heaters _____ Other _____

Type - Gravity _____ Forced Radiant _____

No. of Thermostatical Heating Zone 1

Hot Water - One Pipe _____ Two Pipe _____ Series Loop _____

Electric Heat - No. of Circuits _____ Other _____

Total Heat Loss of Area to be Heated _____ Btu.

Rated Capacity of Furnace/Boiler _____ Btu.

No. of Furnaces 1 No. of Hot Air Runs 16

No. of Hot Water Radiators _____ Type of Fuel GAS - NATURAL

Heating Units Located: Crawl Space _____ Floor Level _____ Suspended _____

Roof or Exposed to Outside Air _____ Attic _____ Other Basement

APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: LOCATION OF FURNACE OR UNIT HEATERS AND SIZE AND LOCATION OF FEEDER DUCTS AND RETURN AIR DUCTS. ALL PLANS SHALL BE DRAWN TO SCALE.

ESTIMATED COST OF COMPLETED PROJECT: 46000

DATE 8/5/87 APPLICANT'S SIGNATURE Paul E. Dehrtman
OWNER-CONTRACTOR-AGENT

CENTRAL AIR CONDITIONING

CITY OF NAPOLEON
 BUILDING INSPECTION DEPARTMENT
 APPLICATION FOR PLUMBING PERMIT
 (Please print or type)

6.00
 14.00
20.00

The undersigned hereby makes application for the installation or replacement of plumbing work as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Plumbing Codes. (1, 2 and 3 family dwelling units only).

Owner's Name Paul & Sandy Oehlman Address 403 W. Clinton
 Plumbing Contractor Standard Plumbing Telephone No. ~~592-5691~~ 592-5906
 Address 1530 N. Scott ST
 General Contractor Bergstedt Builders Telephone No. 592-3457
 Address 1050 Dodd St
 Location of Project 403 W. Clinton Cost of Project 250

Work Information:

No. of dwelling units _____ New _____ Replacement Addition _____

Brief description of work: Remodel bathrooms

Is water tap required NO Size _____ Type of Pipe _____

Is sewer tap required NO Size _____ Type of Pipe _____

Type of Water Distribution pipe Copper

Type of Drainage, Waste and Vent Pipe PVC

Size of main building drain 4" Size of main vent pipe 3"

Water closets 2 Bathtubs _____ Shower 2 2'
 No. Trap Size No. Trap Size

Lavatories 2 1 1/2 Kitchen Sink _____ Disposal _____
 No. Trap Size No. Trap Size No. Trap Size

Dishwasher _____ Clothes Washer 1 1 1/2 Other _____
 No. Trap Size No. Trap Size No. Trap Size

All installations are subject to plumbing tests and/or inspections.

Date 8/5/87 Applicant's Signature [Signature]

PERMIT NO. _____
 PERMIT FEE \$ 20.00

LOT #11 TYLERI 2ND ADD

