

**PERMIT**

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

Permit No. 01497 Issued 12-24-87  
date

Job Location 621 W. Clinton  
address

Lot 38 & 39A Sheffields 2nd Add.  
sub-div or legal discript

Issued By Eldon Huber  
building official

Owner Tom Lalonde  
name tel.

Address 623 W. Clinton

Agent Self  
builder-eng.-etc. tel.

Address \_\_\_\_\_

Description of Use Residence

Residential 2  
no. dwelling units

Commercial \_\_\_\_\_ Industrial \_\_\_\_\_

New \_\_\_\_\_ Add'n \_\_\_\_\_ Alter \_\_\_\_\_ Remodel X

Mixed Occupancy \_\_\_\_\_

Change of Occupancy \_\_\_\_\_

Estimated Cost \$ 600.00

FEE	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	6.00	6.00	12.00
<input type="checkbox"/> ELECTRICAL			
<input checked="" type="checkbox"/> PLUMBING	6.00	2.00	8.00
<input type="checkbox"/> MECHANICAL			
<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.....			20.00
LESS MIN. FEES PAID _____			
			<small>date</small>
BALANCE DUE.....			

**ZONING INFORMATION N.A.**

district	lot dimensions		area	front yd	side yds	rear yd
B						
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: N.A.  
brief description

Plumbing: Relocate bath tub.  
brief description

Mechanical: N.A.  
brief description

Sign: N.A. Dimensions \_\_\_\_\_ Sign Area \_\_\_\_\_  
type

Additional Information: Max. trap arm length for 1½" pipe - 6' for 2" = 8'.  
Remodel bathroom and relocate tub.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_  
owner-agent

**PAID**  
**DEC 23 1987**  
**CITY OF NAPOLEON**

# INSPECTION RECORD

UNDERGROUND			ROUGH-IN						FINAL		
Type	Date	By	Type	Date	By	Type	Date	By	Type	Date	By
<b>PLUMBING</b>	Building Drains		Drainage, Waste & Vent Piping	2/19	FH	Indirect Waste			Drainage, Waste & Vent Piping		
	Water Piping								Backflow Prevention		
	Building Sewer		Water Piping			Condensate Lines			Water Heater		
	Sewer Connection								FINAL APPROVAL		FH
<b>MECHANICAL</b>	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		
<b>ELECTRICAL</b>	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		
<b>BUILDING</b>	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		
<b>ADDITIONAL</b>	<b>INSPECTIONS, CORRECTIONS, ETC.</b>					<b>INSPECTIONS, CORRECTIONS, ETC.</b>					
	REPAIR FLOOR JOISTS,										

CITY OF WASHINGTON

DEC 2 1987

# PERMIT

## CITY OF NAPOLEON - BUILDING DEPARTMENT

01497

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

Permit No. [REDACTED] Issued 12-23-87  
date

Job Location 623 W. CLINTON  
address

Lot 38+39-A SHERKHO 249 ADD  
sub-div or legal discript

Issued By FH  
building official

Owner TOM CALODRE  
name tel.

Address 623 W. CLINTON

Agent SELF  
builder-eng.-etc. tel.

Address \_\_\_\_\_

Description of Use RESIDENCE

---

Residential 2  
no. dwelling units

Commercial \_\_\_\_\_ Industrial \_\_\_\_\_

New \_\_\_\_\_ Add'n. \_\_\_\_\_ Alter \_\_\_\_\_ Remodel X

Mixed Occupancy \_\_\_\_\_

Change of Occupancy \_\_\_\_\_

Estimated Cost \$ 600.00

	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	6.00	6.00	12.00
<input type="checkbox"/> ELECTRICAL			
<input checked="" type="checkbox"/> PLUMBING	6.00	2.00	8.00
<input type="checkbox"/> MECHANICAL			
<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.....			20.00
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: N.A.

Plumbing: RELOCATE BATH TO B  
brief description

Mechanical: N.A.  
brief description

Sign: N.A. Dimensions \_\_\_\_\_ Sign Area \_\_\_\_\_  
type

Additional Information: MAX TRAP ARM LENGTH FOR 1 1/2" PIP = 6'-0" FOR 2" = 8'-0"  
REMODEL BATHROOM AND RELOCATE TO B

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_  
owner-agent

**PAID**  
DEC 23 1987

**CITY OF NAPOLEON**

100-1000000  
100-1000000  
100-1000000



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

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 TOM LALONDE Address 623 W CLINTON  
 Plumbing Contractor SELF Telephone No. 599 0526

Address \_\_\_\_\_

General Contractor \_\_\_\_\_ Telephone No. ~~30~~

Address \_\_\_\_\_

Location of Project 621 W. CLINTON Cost of Project \$130

Work Information:

No. of dwelling units 1 New \_\_\_\_\_ Replacement \_\_\_\_\_ Addition \_\_\_\_\_

Brief description of work: MOVING TUB DRAIN AND WATER PIPES ~~ADD~~ OVER TOWARDS SIDE WALL ABOUT 6 FT

Is water tap required YES Size \_\_\_\_\_ Type of Pipe \_\_\_\_\_

Is sewer tap required YES Size \_\_\_\_\_ Type of Pipe \_\_\_\_\_

Type of Water Distribution pipe \_\_\_\_\_

Type of Drainage, Waste and Vent Pipe \_\_\_\_\_

Size of main building drain \_\_\_\_\_ Size of main vent pipe \_\_\_\_\_

Water closets \_\_\_\_\_ RELOCATE EXIST Bathtubs 1 Shower 1 1/2" Trap Size \_\_\_\_\_ No. \_\_\_\_\_ Trap Size \_\_\_\_\_

Lavatories \_\_\_\_\_ Kitchen Sink \_\_\_\_\_ Disposal \_\_\_\_\_  
 No. Trap Size No. Trap Size No. Trap Size

Dishwasher \_\_\_\_\_ Clothes Washer \_\_\_\_\_ Other \_\_\_\_\_  
 No. Trap Size No. Trap Size No. Trap Size

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

Date 12-23-87 Applicant's Signature T Lalonde

PERMIT NO. \_\_\_\_\_  
 PERMIT FEE \$ \_\_\_\_\_



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

The undersigned hereby makes application for construction, installation, or alteration work as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Building Codes.

Location of project 621 W. CLINTON Cost of project \$600  
Owner's Name Tom LALONDE Address 623 W CLINTON  
Contractor SELF Telephone No. 599-0526  
Address 623 W CLINTON

Lot Information: (Not required for siding job)

Lot No. 38+39A Subdivision Sheffield 2nd EDITION  
Zoning District \_\_\_\_\_ Lot Size \_\_\_\_\_ ft. X 99 ft. Area 68 sq. ft.  
Setbacks: Front \_\_\_\_\_ Right Side \_\_\_\_\_ Left Side \_\_\_\_\_ Rear \_\_\_\_\_

Work Information:

Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_  
New Construction \_\_\_\_\_ Addition \_\_\_\_\_ Remodel X  
Accessory Building \_\_\_\_\_ Siding \_\_\_\_\_

Brief Description of Work:----- REMODELING BATH ROOM  
(Specific Type)

Size: Length 10.5 Width 6.5 No. of Stories \_\_\_\_\_  
Area: 1st Floor \_\_\_\_\_ sq. ft. Basement \_\_\_\_\_ sq. ft.  
2nd Floor \_\_\_\_\_ sq. ft. Accessory Bldg. \_\_\_\_\_ sq. ft.  
3rd Floor \_\_\_\_\_ sq. ft. Other \_\_\_\_\_ sq. ft.

Additional Information: \_\_\_\_\_

APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: ELEVATIONS, FLOOR PLANS, CROSS SECTIONS AND PLOT PLAN. IF ADDITION OR REMODELING, SHOW ALL EXISTING STRUCTURES AND THEIR SIZE AND LOCATION. ALL PLANS SHALL BE DRAWN TO SCALE.

Date 12-23-87 Applicant's Signature T Lalonde

PERMIT NO. \_\_\_\_\_  
PERMIT FEE \$ \_\_\_\_\_

