

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

Permit No. <u>2743</u> Issued <u>8-28-92</u>		FEES	BASE	PLUS	TOTAL
Job Location <u>825 Cripple Creek Ct.</u>	<input checked="" type="checkbox"/>	Building	\$ 9.00	\$ 40.00	\$ 49.00
Lot _____	<input type="checkbox"/>	Electrical	\$ _____	\$ _____	\$ _____
Issued by <u>Brent N. Damman</u>	<input type="checkbox"/>	Plumbing	\$ _____	\$ _____	\$ _____
Owner <u>Ed Tallman</u> <u>599-2865</u>	<input type="checkbox"/>	Mechanical	\$ _____	\$ _____	\$ _____
Address <u>825 Cripple Creek Ct., Napoleon, Ohio</u>	<input type="checkbox"/>	Demolition	\$ _____	\$ _____	\$ _____
Agent <u>Dieringer Const. 335-1601</u>	<input type="checkbox"/>	Zoning	\$ _____	\$ _____	\$ _____
Address <u>16450 Co. Rd. M, Wauseon, OH</u>	<input type="checkbox"/>	Sign	\$ _____	\$ _____	\$ _____
Use Type - Residential <u>x</u>	<input type="checkbox"/>	Water Tap	\$ _____	\$ _____	\$ _____
Other - Describe _____	<input type="checkbox"/>	Sew. Insp.	\$ _____	\$ _____	\$ _____
No. Dwelling Units <u>1</u>	<input type="checkbox"/>	Sewer Tap	\$ _____	\$ _____	\$ _____
New <u>Replacement</u>	<input type="checkbox"/>	Temp. Water	\$ _____	\$ _____	\$ _____
Add'n. <u>x</u> Alter _____ Remodel _____	<input type="checkbox"/>	Temp. Elec.	\$ _____	\$ _____	\$ _____
Mixed Occupancy _____		TOTAL FEES.....			\$ 49.00
Change of Occupancy _____		LESS FEES PAID.. <u>8-28-92</u> ...			\$ 49.00
Estimated Cost \$ <u>5,200.00</u>		BALANCE DUE.....			\$ 0.00

**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: \_\_\_\_\_  
 Mechanical: \_\_\_\_\_

Additional Information: Deck and gazebo

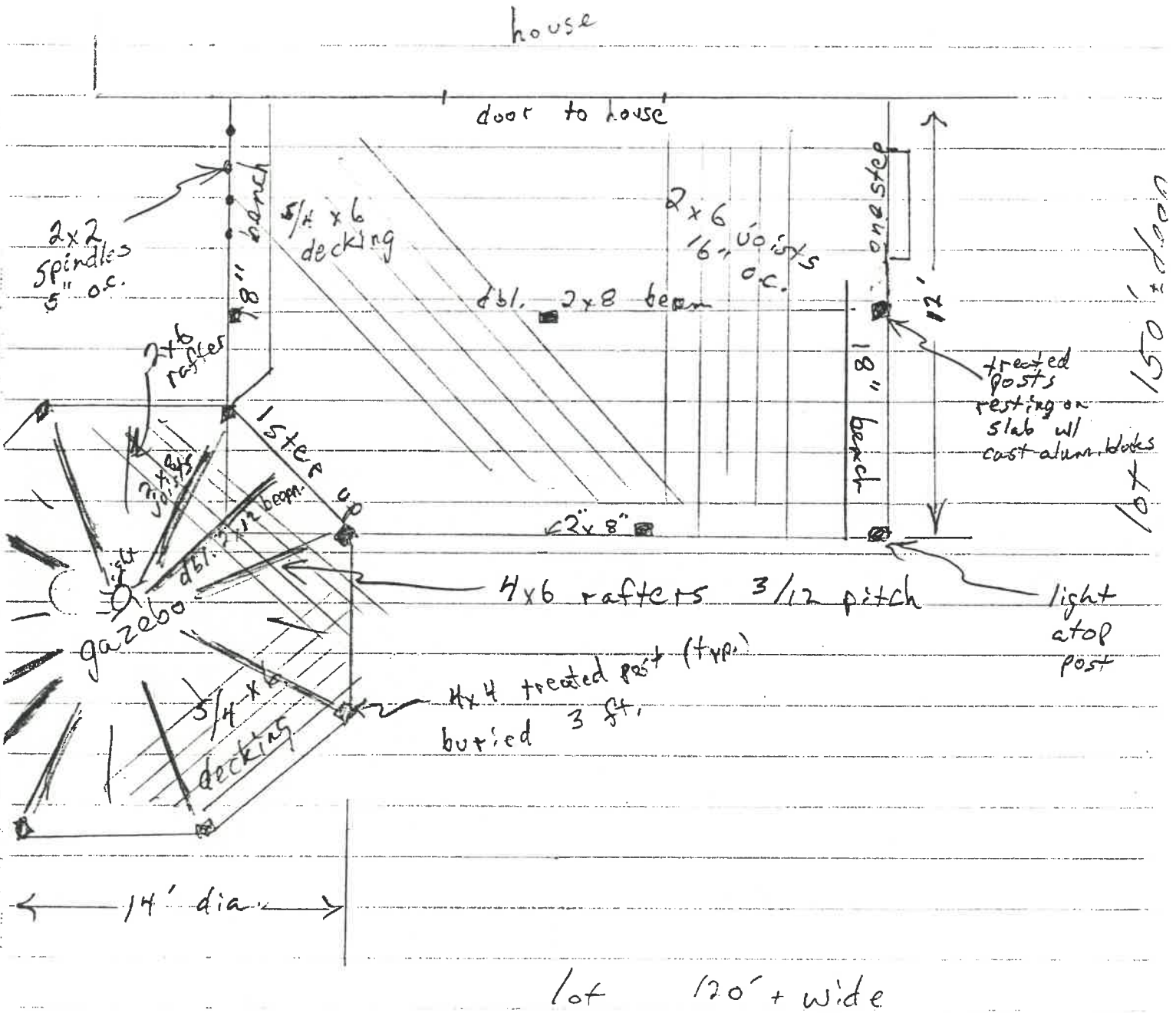
Date 8-28-92 Applicant Signature Lambert Dieringer

**PAID**  
 AUG 28 1992  
 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			Indirect Waste			Drainage, Waste & Vent Piping		
	Water Piping									Backflow Prevention		
	Building Sewer			Water Piping			Condensate Lines			Water Heater		
	Sewer Connection									FINAL APPROVAL		
<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)	9/9	BD	Exterior Wall Construction			Roof Covering Roof Drainage			Smoke Detector		
	Excavation	9/9	BD				Exterior Lath			Demolition (sewer cap)		
	Footings & Reinforcing	9/9	BD				<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			Deck	9/1	BD
	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>					
	9/15/99											
	9/15/99											
	9/15/99											

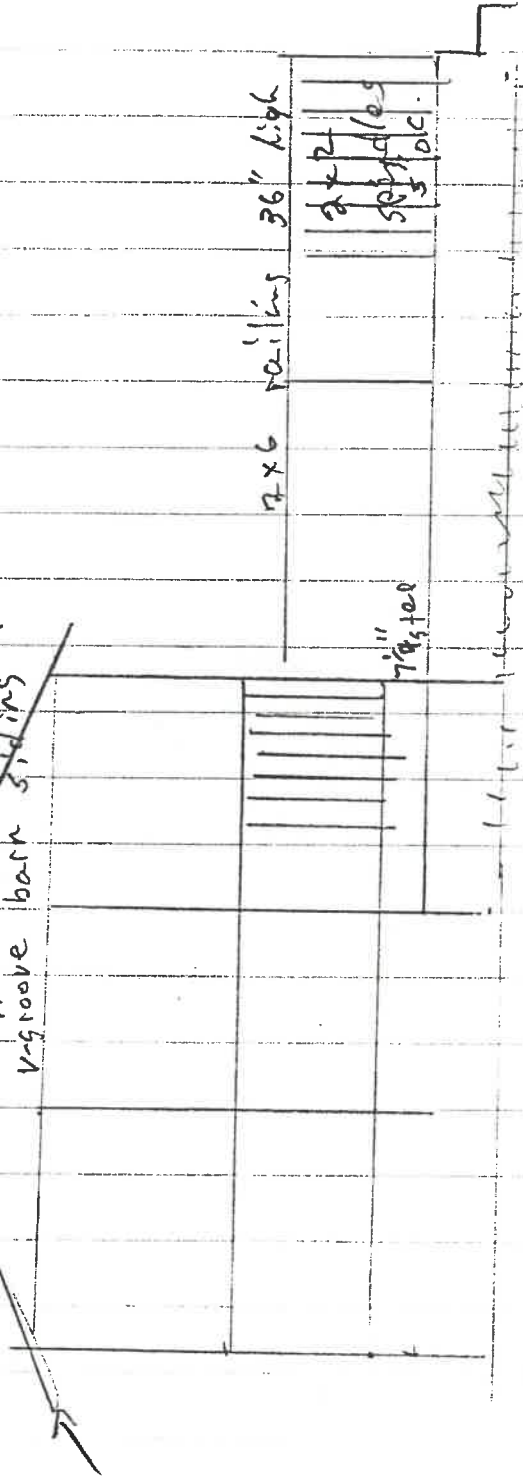
# 825 Cripple Creek.





asphalt shingles to match house  
3/16 x 28" dia steel plate  
w/ pockets for fasteners welded  
roof sheathing - grooves down

1 x 8 v-groove barn siding



7 x 6 railing 36" high  
2 x 2 studs  
3/4" plates

7/8" rafter

1' o.h.





APPLICATION  
for  
RESIDENTIAL, BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, PERMITS AND DEMOLITION  
from the  
CITY OF NAPOLEON - BUILDING DEPARTMENT  
255 West Riverview Avenue, Napoleon, Ohio 43545 - Phone 419-592-4010

Entry No. _____			<u>BASE</u>	<u>PLUS</u>	<u>TOTAL</u>
Permit No. <u>2743</u> Issued <u>7-28-92</u>	:	<input checked="" type="checkbox"/> Building	\$ <u>9.00</u>	\$ <u>40.00</u>	\$ <u>49.00</u>
<input checked="" type="checkbox"/> Job Location <u>825 Cripple Creek Rd. Ct.</u>	:	Electrical	\$ _____	\$ _____	\$ _____
Lot _____	:	Plumbing	\$ _____	\$ _____	\$ _____
sub-div or legal description _____	:	Mechanical	\$ _____	\$ _____	\$ _____
Issued by _____	:	Demolition	\$ _____	\$ _____	\$ _____
Building Official _____	:	Zoning	\$ _____	\$ _____	\$ _____
Owner <u>Ed Tallman</u> Phone <u>599-2865</u>	:	Sign	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Address <u>825 Cripple Creek Ct.</u>	:	Water Tap	\$ _____	\$ _____	\$ _____
Agent <u>Dieringer Const.</u> Phone <u>335-1601</u>	:	Sewer Tap	\$ _____	\$ _____	\$ _____
Address <u>16450 Co. Rd. H Napoleon 43567</u>	:	Temp Water	\$ _____	\$ _____	\$ _____
Description of Use <u>Deck and gazebo</u>	:	Temp Elec.	\$ _____	\$ _____	\$ _____
<u>Residential</u>	:	Additional Structure	_____	_____	Hours _____
(number dwelling units) _____	:	Plan	_____	_____	_____
Commercial _____ Industrial _____ New _____	:	Review	Electric _____	_____	Hours _____
New _____ Addition <input checked="" type="checkbox"/> Replacement _____ Remodel _____	:	TOTAL FEES	-----	-----	\$ <u>49.00</u>
Mixed Occupancy _____ Change of Occupancy _____	:	Less Fees Paid (date) _____	_____	_____	\$ <u>49.00</u>
Estimated Cost: \$ <u>5200.00</u>	:	BALANCE DUE	-----	-----	\$ <u>0.00</u>

**ZONING INFORMATION:**

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

**WORK INFORMATION:**

Building - Garage Floor Area \_\_\_\_\_ Basement Floor Area \_\_\_\_\_ 2nd Floor Area \_\_\_\_\_

Size - Length \_\_\_\_\_ Width \_\_\_\_\_ Stories \_\_\_\_\_ Ground Floor Area \_\_\_\_\_

Height \_\_\_\_\_ Building Volume (For Demolition Permit) \_\_\_\_\_ cubic feet

Description of Work: Deck + Gazebo

site plan

**PAID**  
AUG 28 1992  
CITY OF NAPOLEON

ELECTRICAL: Electrical Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Estimated Cost: \$ \_\_\_\_\_

Type of Work: New \_\_\_\_\_ Service Change \_\_\_\_\_ Rewiring \_\_\_\_\_ Add'l. Wiring \_\_\_\_\_ Temp. Electric Required: Yes \_\_\_\_\_ No \_\_\_\_\_

Size of Service \_\_\_\_\_ Underground \_\_\_\_\_ Overhead \_\_\_\_\_ Number of New Circuits \_\_\_\_\_

Description of Work: \_\_\_\_\_

PLUMBING: 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 \_\_\_\_\_

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 \_\_\_\_\_

Number 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 set 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: 8/28/92 Signature of Applicant Lambert [Signature]