

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

Permit No. <u>3554</u> Issued <u>05/23/95</u>		FEES	BASE	PLUS	TOTAL
Job Location <u>1080 Dodd St.</u>	<input type="checkbox"/>	Building	\$	\$	\$
Lot _____	<input checked="" type="checkbox"/>	Electrical	\$ <u>15.00</u>	\$ <u>12.00</u>	\$ <u>27.00</u>
Issued by <u>Brent N. Damman</u>	<input type="checkbox"/>	Plumbing	\$	\$	\$
Owner <u>Chris George</u>	<input type="checkbox"/>	Mechanical	\$	\$	\$
Address <u>1080 Dodd St.</u>	<input type="checkbox"/>	Demolition	\$	\$	\$
Agent <u>John Meyer 592-2208</u>	<input type="checkbox"/>	Zoning	\$	\$	\$
Address <u>39 Sunnydale</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 _____	<input type="checkbox"/>	Sewer Tap	\$	\$	\$
New _____ Replacement _____	<input type="checkbox"/>	Temp. Water	\$	\$	\$
Add'n. _____ Alter _____ Remodel <u>X</u>	<input type="checkbox"/>	Temp. Elec.	\$	\$	\$
Mixed Occupancy _____	TOTAL FEES.....\$ <u>27.00</u>				
Change of Occupancy _____	LESS FEES PAID.....\$ <u>27.00</u>				
Estimated Cost \$ <u>1000.00</u>	BALANCE DUE.....\$ <u>-0-</u>				

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: New electric service & add circuits

Date _____ Applicant Signature _____

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. 3554 ISSUED 5-23-95

JOB LOCATION 1080 DADD

LOT _____
 (Subdivision or Legal Description)

ISSUED BY BND
 (Building Official)

OWNER CHRIS GEORGE PHONE _____

ADDRESS 1080 Dadd

AGENT John Meyer PHONE 592-2208

ADDRESS 39 Sunnydale

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

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

ESTIMATED COST = \$ 1000.00

	<u>Base</u>	<u>Plus</u>	<u>Total</u>
() Building	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Electrical	\$ <u>15.00</u>	\$ <u>12.00</u>	\$ <u>27.00</u>
() Plumbing	\$ _____	\$ _____	\$ _____
() Mechanical	\$ _____	\$ _____	\$ _____
() Demolition	\$ _____	\$ _____	\$ _____
() Zoning	\$ _____	\$ _____	\$ _____
() Sign	\$ _____	\$ _____	\$ _____
() Water Tap	\$ _____	\$ _____	\$ _____
() Sewer Tap	\$ _____	\$ _____	\$ _____
() Temp Water	\$ _____	\$ _____	\$ _____
() Temp Elec.	\$ _____	\$ _____	\$ _____

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

TOTAL FEES \$ 27.00
 Less Fees Paid \$ _____
 BALANCE DUE \$ _____

ZONING INFORMATION

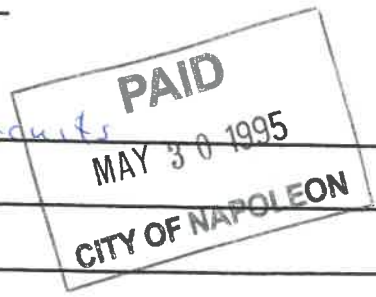
District Lot Dimensions Area Front Yard Side Yard Rear Yard

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: New electric service + add circuits



ELECTRICAL: Contractor _____ Phone _____

Address _____ ESTIMATED COST = \$ _____

Type of Work: () New (X) Service Change () Rewiring (X) Add'l Wiring TEMPORARY ELEC. REQUIRED - () Yes () No

Size of Service 200 Underground _____ Overhead X Number of New Circuits 4

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 _____