

PERMIT

City of Napoleon
255 W. Riverview
Napoleon, OH 43545

Division of Building and Zoning
PH (419) 592-4010
FAX (419) 599-8393

Permit No: 002163

Date Issued: 05-12-04

Issued by: BND

Job Location: 526 EUCLID AVE

Est. Cost: 17000.00

Lot #:

Subdivision Name:

Owner: MANSFIELD, MIKE
Address: 526 EUCLID AVE
CSZ: NAPOLEON, OH 43545
Phone: 419-599-4318

Agent: G&G CONSTRUCTION
Address: U294 CO RD 4
CSZ: LIBERTY CENTER, OH 435
Phone: 419-533-3987

Use Type - Residential:

Other:

ZONING INFORMATION

Dist: Lot Dim: Area: Fyrd: Syrd: Ryrd:
Max HT: # Pkg Spaces: # Loading SP: Max Lot Cov:

BOARD OF ZONING APPEALS:

Work Type - New: X Replmnt: Addn'n: Alter: Remodel:

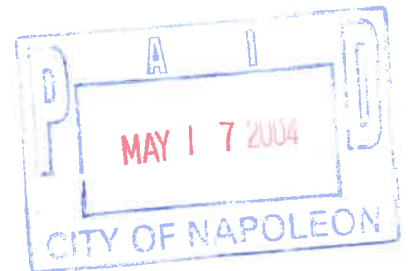
WORK INFORMATION

Size - Lgth: 56 Width: 30 Stories: 1 Living Area SF: 1680
Garage Area SF: Height: Bldg Vol Demo Permit:

WORK DESCRIPTION
SHELL & MAIN STRUCTURE

| FEE DESCRIPTION | PAID DATE | FEE AMOUNT DUE |
|-------------------|-----------|----------------|
| BUILDING PERMIT | 05-12-04 | 71.00 |
| ELECTRICAL PERMIT | 05-12-04 | 90.00 |
| MECHANICAL PERMIT | 05-12-04 | 26.00 |
| PLUMBING PERMIT | 05-12-04 | 36.00 |
| WATER TAP PERMIT | 05-12-04 | 198.00 |

Total Fees Due 421.00



S-14-04
Date

J. Franz
Applicant Signature

11-11:30

Call 1-4

Helen

NEW HOME AND ADDITION PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITION, REMODELING.

DATE 5-11-04 JOB LOCATION 526 Euclid Ave

LOT # 526 SUBDIVISION NAME _____

OWNER Mike Mansfield PHONE 419-599-4318

OWNER ADDRESS 526 Euclid Ave CITY Napoleon ZIP _____

CONTRACTOR - G+G Construction PHONE _____

CONTRACTOR ADDRESS 6294 PORDY CITY Liberty ZIP 43532

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: shell main structure

ESTIMATED COST OF WORK TO BE PERFORMED: 17,000

WORK INFORMATION

BUILDING: Basement Floor Area 1680 Sq. Ft. 1st Story Living Area 1680 Sq. Ft.
2nd Floor Living Area _____ Sq. Ft. Garage Floor Area _____ Sq. Ft.

BUILDING SIZE: Length 56 Width 30 Stories 1 Height 19' DEMO VOL _____

Masonry Contractor self Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Electrical Contractor self Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Plumbing Contractor self Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Heating Contractor self Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Insulation Contractor self Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Other Contractor attach information.

ZONING INFORMATION (to be completed by City): District _____ Lot Dimensions _____
Lot Area _____ FRSB _____ SYSB _____ RYSB _____ Max Ht _____ ft Max Cov _____ %

I by signing below agree to comply with all applicable City of Napoleon Codes & Ordinances while performing the work herein described. I understand that all work for which a permit is issued is required to be approved by the building inspector of the City of Napoleon.

Applicant Signature Michael Mansfield Date 5-11-04

New Home Permit

Electrical:

Size of Service _____ Underground _____ Overhead _____ Number of New Circuits _____

Plumbing:

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 _____

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 _____ Laundry Sink _____ Other _____
Total _____

Mechanical:

Heating Systems

() 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 Equipment – () Crawl Space () Floor Level () Attic () Suspended () Roof () Outside

City of Napoleon

Electric Meter Base Release Form

THIS DOCUMENT ENTITLES THE HOLDER TO "ONE" ELECTRIC METER BASE.

(Please pickup at the City Operations Garage 1775 Industrial Drive).

Permit#002163

Date Issued: 05-12-2004

Job Location: 526 EUCLID AVE

Work Description: SHELL & MAIN STRUCTURE

Owner: MANSFIELD, MIKE

Address: 526 EUCLID AVE NAPOLEON, OH 43545

Owner Phone: 419-599-4318

Contractor: G&G CONSTRUCTION

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Contractor Phone: 419-533-3987

Electric Service Upgrade _____ New Service Installation X

Industrial _____ Commercial _____ Residential X 1 Phase X 3 Phase _____

Size of Service 100 Amp _____ 150 Amp _____ 200 Amp X 400 Amp _____ Other _____

Hub Size - 1 1/4" _____ 1 1/2" _____ 2" _____

Desired Voltage 120/240 X Other _____

Underground Service X Overhead Service _____

Date Completed: _____

Approved By: _____

Old Meter Number: _____

New Meter Number _____

Comments: _____

City of Napoleon

Water Meter Yoke Release Form

THIS DOCUMENT ENTITLES THE HOLDER TO "ONE" WATER METER YOKE ASSEMBLY
(Please pickup at City Operations Department 1775 Industrial Drive).

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Water Tap Size 1" X 1.5" _____ 2" _____ Other _____

Water Meter Yoke Size 5/8" X 3/4" _____ 1" _____ Other _____

New Structure X Existing Structure _____ Lawn Meter _____

WATER SERVICE LINE TO BE TYPE "K" COPPER OR "CTS" POLYETHELENE TUBING OF 1" MINIMUM SIZE.

Backflow Device Required Yes X No _____

Type of Backflow Required: DCVA

Water Meter Yoke Installation is subject to the following conditions

- 1.) Must be located in an accessible area.
- 2.) Must be in an area which is not subject to freezing temperatures.
- 3.) Must be at least 18" above floor level (no crawl space installations).
- 4.) Must comply with minimum mounting requirements (drawing available)

Issued By _____ Received By _____

1 Copy to: Building Dept, Water Dept, and Utilities Dept

