

PERMIT

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

Permit No. 845 - 77 Issued 10/17/77
date

Job Location 550 Euclid Avenue
address

Lot 1 Sub-div. of 36,37,38 Randalls
sub-div or legal discript

Issued By Ronald D. Lomenberg
building official

Owner Lynn Wachtman 599-9863
name tel.

Address 542 Euclid Avenue

Agent Self Same
builder-eng.-etc. tel.

Address Same

Description of Use Single family dwelling

Residential (1)
no. dwelling units

Commercial _____ Industrial _____

New XX Add'n. _____ Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 38,000.00

	FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/>	BUILDING	\$ 66.00	---	\$ 66.00
<input checked="" type="checkbox"/>	ELECTRICAL	19.75	---	19.75
<input checked="" type="checkbox"/>	PLUMBING	3.00	\$ 8.00	11.00
<input checked="" type="checkbox"/>	MECHANICAL	6.00	---	6.00
<input type="checkbox"/>	DEMOLITION			
<input checked="" type="checkbox"/>	ZONING	---	---	---
<input type="checkbox"/>	SIGN			
	WATER TAP 3/4"	225.00	---	225.00
	SEWER TAP	60.00	---	60.00
	TEMP. ELECT.	10.00		10.00
	ADDITIONAL PLAN REVIEW	Struct. _____ hrs		-0-
		Elect. _____ hrs		-0-
	TOTAL FEES.....			\$397.75
	LESS MIN. FEES PAID _____			-0-
			<small>date</small>	
	BALANCE DUE.....			\$397.75

ZONING INFORMATION

district "A"	lot dimensions 100' x 258'+-	area 24,083sq'	front yd 89'6" OK	side yds OK 18.5'E 11.5'W	rear yd Min. 15' OK
max hgt 25' OK	no pkg spaces two req'd. OK	no ldg spaces na	max cover 35% OK	petition or appeal req'd na	date appr ---

WORK INFORMATION:

Size: Length 68' Width 28' Stories 1+basement Ground Floor Area 1904sq'

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

Electrical: 200 amp service entrance, wiring, and devices.
brief description

Plumbing: Water lines, drainage & vent lines.
brief description

Mechanical: Heating and Air Conditioning.
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

Additional Information: See attached addendum: All electrical work shall comply with the N.E.C. 1975 edition, NFPA 70.

Date 10-17-77 Applicant Signature Lynn R. Wachtman
owner-agent

INSPECTION RECORD

	UNDERGROUND			ROUGH-IN						FINAL		
	Type	Date	By	Type	Date	By	Type	Date	By	Type	Date	By
PLUMBING	Building Drains			Drainage, Waste & Vent Piping	3-17-78	RSJ	Indirect Waste			Drainage, Waste & Vent Piping		
	Water Piping									Backflow Prevention		
	Building Sewer	2/16/77	RSJ	Water Piping	"	RSJ	Condensate Lines			Water Heater		
	Sewer Connection									FINAL APPROVAL		
MECHANICAL	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		
ELECTRICAL	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	1/12/78	NH	<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		
BUILDING	Location, Set-backs, Esmt(s)	11/77	RSJ	Exterior Wall Construction	11/11/77	RSJ	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	11/11/77	RSJ	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)	11/11/77	RSJ				FINAL APPROVAL BLDG. DEPT.		
			Roof System	"	"	Special Insp Reports Rec'd			Certificate of Occupancy Issued			
ADDITIONAL	INSPECTIONS, CORRECTIONS, ETC.						INSPECTIONS, CORRECTIONS, ETC.					
	Reinspection before working on rough. (Electrician present)						① J.B's in basement ceilings 3/30/78 to be accessible. ② Provide Protection for NMU cable, passing across metal splice plates.					

RESIDENTIAL PLAN CORRECTION SHEET

CITY OF NAPOLEON, Building Dept.
255 West Riverview Avenue
Napoleon, Ohio 43545
(419) 592-4010

ADDENDUM to Permit No. 845-77
Owner L. WAEFFELMAN
Location 550 EUCLID AVE.

Please note the Items checked below and incorporate them into your plans as indicated: Permit not yet issued
 Correct Plans and Re-Submit. Permit issued Incorporate the items during construction.

GENERAL			
<input checked="" type="checkbox"/>	Provide 1 approved smoke detector.		<input checked="" type="checkbox"/> Show size of members supporting porch roof.
<input checked="" type="checkbox"/>	Provide 1 hour fire wall and/or ceiling between garage and dwelling.	<input checked="" type="checkbox"/>	Provide double top plate.
<input checked="" type="checkbox"/>	Provide (Class B) 1 hour fire rated door from garage to dwelling.	<input checked="" type="checkbox"/>	Provide design data for pre-fab. wood truss/members.
<input type="checkbox"/>	Submit fully dimensioned plot plan.	<input type="checkbox"/>	Ceiling joists undersized in.....
<input type="checkbox"/>	Provide 1-3'0" x 6'8" exit door.	<input type="checkbox"/>	Roof rafters undersized in.....
<input checked="" type="checkbox"/>	Provide min. 22" x 30" attic access.	<input type="checkbox"/>	
<input type="checkbox"/>	Provide min. 18" x 24" crawl space access opening.	<input type="checkbox"/>	PLUMBING AND MECHANICAL:
LIGHT AND VENTILATION:		<input type="checkbox"/>	Terminate all exhaust systems to outside air.
Provide mechanical exhaust or window in bathroom.....		<input type="checkbox"/>	Insulate ducts in unheated areas.
<input checked="" type="checkbox"/>	Provide Min. <u>964</u> sq. in. net free area attic ventilation.	<input type="checkbox"/>	Provide back flow device on all hose bibs.
<input type="checkbox"/>	Provide min. _____ sq. in. net free area crawl space ventilation.	<input type="checkbox"/>	ELECTRICAL:
FOUNDATION:		<input checked="" type="checkbox"/>	Show location of service entrance and service equipment panel.
<input checked="" type="checkbox"/>	Min. depth of foundation below finished grade 30".	<input checked="" type="checkbox"/>	G.F.C.I. req'd. on Temp. Electric.
<input type="checkbox"/>	Min. size of footer....." x"	<input checked="" type="checkbox"/>	Outdoor and bathroom receptacles shall be protected by G.F.C.I.
<input checked="" type="checkbox"/>	Provide anchor bolts 1/2" @ 8' o.c. 1' from each corner. Embedded 8" concrete and 15" in masonry.	<input type="checkbox"/>	METAL VENEERS:
<input type="checkbox"/>	Show size of basement columns.	<input type="checkbox"/>	Contact City Utilities Dept. to remove conductors and/or meter.
FRAMING:		<input type="checkbox"/>	Provide 18" x 18" x 3/4" wood backer for meter base.
<input type="checkbox"/>	Show size of wood girder in.....	<input checked="" type="checkbox"/>	Provide approved system of grounding and bonding.
<input type="checkbox"/>	Provide design data for structural member in.....	<input type="checkbox"/>	MISCELLANEOUS:
<input type="checkbox"/>	Floor joists under sized in.....	<input checked="" type="checkbox"/>	Provide backwater valve in sub-soil drain tile.
<input type="checkbox"/>	Provide double joists under parallel partitions.	<input type="checkbox"/>	Provide approved sheathing and flashing behind masonry veneer.
<input type="checkbox"/>	Provide 1" x 4" let in corner bracing or approved sheathing.	<input checked="" type="checkbox"/>	Provide 15# felt underlayment on roof.
<input type="checkbox"/>	Show size of headers for openings over 4' wide.	<input type="checkbox"/>	Provide adequate fireplace hearth extensions
		<input type="checkbox"/>	Install factory built fireplaces/stoves according to manufacturers recommendations.
		<input type="checkbox"/>	Terminate chimney 3' above roof or 2' above highest point of building within 10' of chimney.

Roof # FLOOR →

ADDITIONAL CORRECTIONS: GARAGE DOOR HEADER TO BE BETTER THAN 2-2"x12"

The approval of plans and specifications does not permit the violation of any section of the Building Code, or other City Ordinance or State Law. This addendum is attached to Permit No. 845-77 and made a part thereof.

Date Approved ~~Disapproved~~ 10/17/77
 Date Rechecked and Approved _____

Checked By Ronald D. Brunenberg
 Plan Examiner
 Checked By _____

CITY OF WASHINGTON
BUILDING DEPARTMENT
APPLICATION FOR CONSTRUCTION PERMIT
(PLEASE PRINT OR TYPE)

\$66.00

The undersigned hereby takes responsibility for the construction, installation, replacement or alteration of herein specified structure in so all such work is strictly accordance with the City of Washington's Building Code for 1, 2 and 3 Family Dwellings.

Owner's Name Lynn R. Wachtman Address _____

Builder's Name Wampler Lumber Address Wampler No. _____

LOT INFORMATION: (NOT REQUIRED FOR BUILDING PERMIT FOR 100%)

Location of Project Luclid Lot # 1

Subdivision Randalls Lot Area 24,000 Sq. Ft.

Yard Set Back: Front 25'89" Side 241' Rear 116'
Right Side 18 1/2 Backyard 116'

BUILDING INFORMATION:

Single Double _____ Multiple _____ New Construction

Addition _____ Attached Garage

Detached Garage _____ Replacement _____

Brief Description of Work _____

Size: Length 18 Width 28 No. of Stories 2

Floor Area: 1st Floor ~~1732~~ 1904 Sq. Ft. 2nd Floor ~~1732~~ Sq. Ft.

3rd Floor _____ Sq. Ft. Basement 1232 Sq. Ft.

Unfinished Area Garage 672

Foundation: Piers _____ Full Basement _____ Partial Basement _____

Concrete X 8" Thickness Slab _____ Size _____

Walls: Frame Brick _____ Mason _____

Specific Type of Siding Aluminum Siding - Brick front

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

ESTIMATED COST OF COMPLETED PROJECT: 38,000.

DATE 10-13-77 APPLICANT'S SIGNATURE Lynn R. Wachtman



DESIGNED IN ACCORDANCE WITH TPI-74 AND 1973 NDS

DEPTH = 700
 SPAN = 28FT. - 4IN.
 SPACING = 2FT. - 0IN. ON CENTER
 SHORT TERM LOADING INCREASES
 LUMBER STRESSES INCREASED = 1.15
 PLATE RATING INCREASED = 1.15
 TOP CHORD SLOPE = 4.000/12.
 BUTT CUT = 0.25 INCHES

UNIFORM LOADING
 TOP CHORD LL = 25.0 PSF
 OL = 10.0 PSF
 BOT CHORD LL = 0.0 PSF
 OL = 10.0 PSF
 TOTAL LOAD = 45.0 PSF

JOINT	PLATE SIZE	X	Y	TYPE
J 1	4 1/8 X 6	0		1
J 2	1 X 4	0		4
J 3*	4 1/8 X 4	0	4IN 2IN	3
J 7	4 1/8 X 4	0	4IN	2

*** TRUSS IS SYMMETRICAL ABOUT THE CENTERLINE ***

PANEL	LENGTH	CHORD	FORCE	WEB	FORCE	JOINT	LOAD	REACT
P 1 = 7FT	5-14/16IN	C 1 =	-2895	W 1 =	-512	J 1 =	359	-1274
P 2 = 6FT	8-2/16IN	C 2 =	-2536	W 2 =	781	J 2 =	495	
P 6 = 8FT	10-13/16IN	C 6 =	1870			J 3 =	467	
P 7 = 9FT	6-9/16IN	C 7 =	2747			J 7 =	186	

JOINTS MARKED *** HAVE NO SYMMETRICAL MATCH

** SPLICES BASED ON 16 FOOT MAXIMUM LENGTH LUMBER **
 C 6 IS 2 1/4 X 6 D

D = 20 GA. (173 PSI USING NET PLATE CONTACT AREA)

WEBS ARE TO BE 2X 4 NO 3 SPRUCE-PINE-FIR

***** REPETITIVE STRESS VALUES HAVE BEEN APPLIED TO THIS DESIGN *****

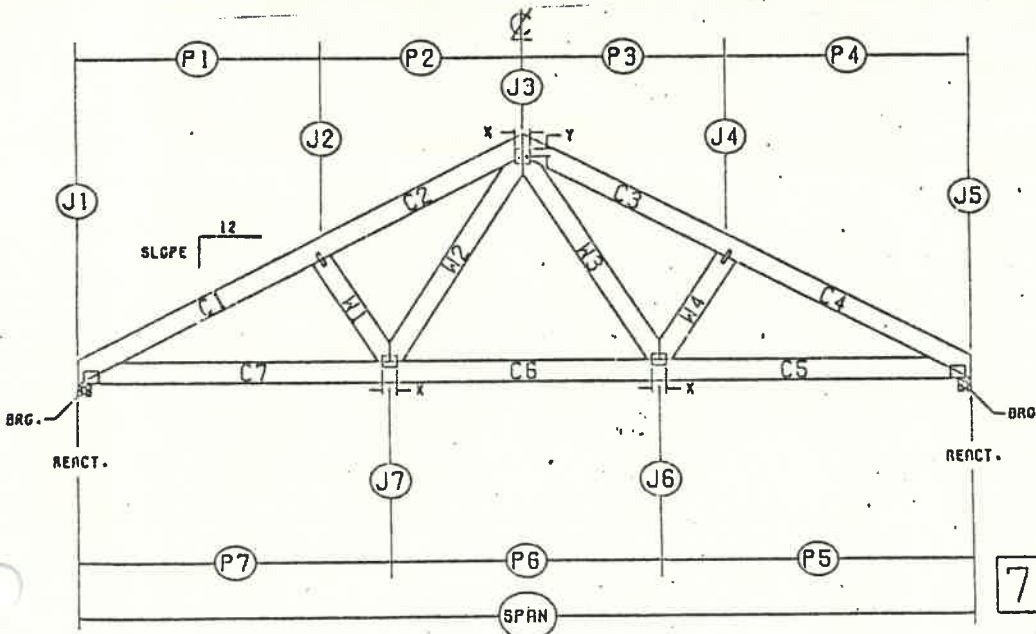
TOP CHORD IS 2X4 NO 2 KD SOUTHERN PINE F=1550 T= 900 C=1150
 STRESS FACTOR= 1.160
 BOT CHORD IS 2X4 NO 2 KD SOUTHERN PINE F=1550 T= 900 C=1150
 STRESS FACTOR= 1.039

2X 4 MINIMUM BEARING REQUIRED AT J 1 AND J 5

CITY OF NAPOLEON
 BUILDING DEPT.

Plan Approval

By *Bob* Date 11-7-77



This is to certify that the undersigned has examined the information hereon and it conforms to the design criteria and loading shown.



700

OCT 12 1977

PLEASE READ REVERSE SIDE FOR ADDITIONAL INFORMATION, FABRICATION INSTRUCTIONS, AND NOTICES.



HYDRO-AIR CLAIMS PROPRIETARY RIGHTS TO THE MATERIAL DISCLOSED HEREON. THIS DRAWING AND/OR TECHNICAL INFORMATION IS ISSUED IN CONFIDENCE FOR ENGINEERING INFORMATION ONLY AND MAY NOT BE REPRODUCED WITHOUT EXPRESS PERMISSION OF HYDRO-AIR ENGINEERING, INC.

NOTES:

1. CUT ALL MEMBERS TO BEAR.
2. CENTER ALL PLATES ON JOINTS UNLESS OTHERWISE NOTED.
3. INDICATED CHORD SPLICES SHALL BE LOCATED 1/4 OF THE PANEL LENGTH (±6") MEASURED FROM A JOINT.

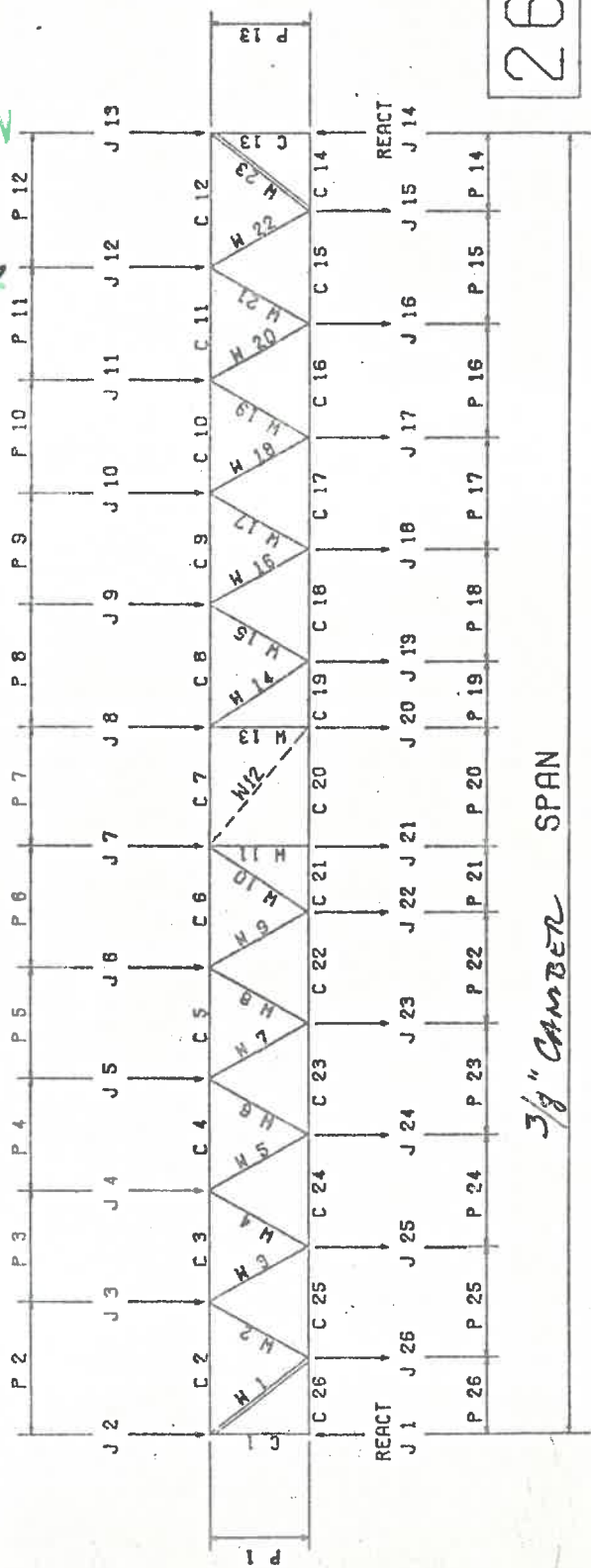
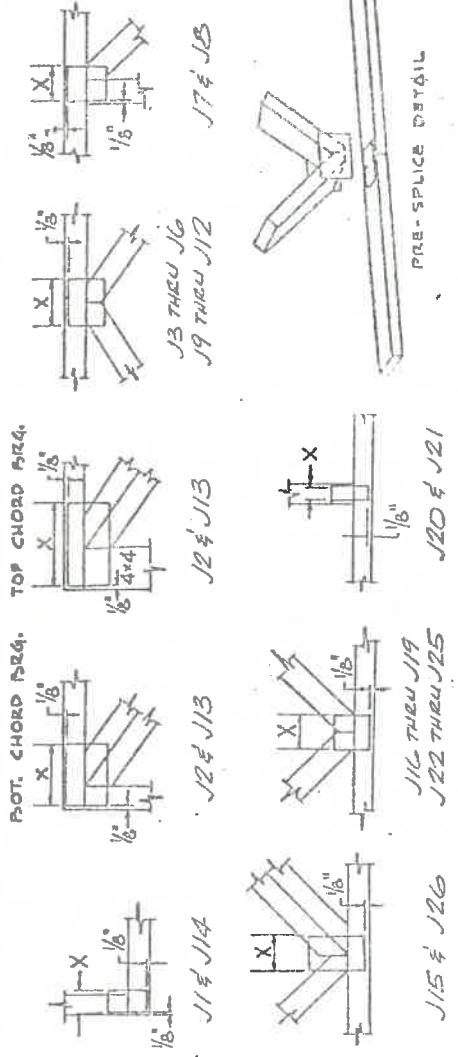
N O T I C E

Hydro-Air Engineering, Incorporated is responsible for structural accuracy only, based on the design criteria shown on this drawing. Connector plate calculations are based on Hydro-Nail connector plate values and ratings. No responsibility is assumed for dimensional accuracy or aesthetic appearance. Plates shall be placed on both sides of truss joints, located as shown on the drawing and pressed in securely. Minimum lumber grades and plate sizes are specified. All trusses shall have wood members accurately cut, assembled in design configuration and fabricated in rigid fixtures with positive clamps so that all members have good bearing and all completed truss units are uniform. For other advice concerning the fabrication, quality control, storage, delivery, erection and bracing of trusses, it is recommended that the fabricator consult the Quality Control Manual For Light Metal Plate Connected Wood Trusses, Truss Plate Institute, Inc., Suite 200, 7100 Baltimore Avenue, College Park, Maryland 20740, 1974.

DESIGNED BY
BAY-WOOD INDUSTRIES, INC.
 P.O. BOX 368
 BAY CITY, MICHIGAN 48706
 PHONE 1-(517) 894-2784

**CITY OF NAPOLEON
 BUILDING DEPT.**

By *RAH* Plan Approval
 Date *11-7-77*



2685

HYDRO-AIR IS RESPONSIBLE FOR STRUCTURAL ACCURACY ONLY, BASED ON THE DESIGN CRITERIA SHOWN ON THIS DRAWING. PLATE CALCULATIONS ARE BASED ON HYDRO-AIR VALUES AND RATINGS. NO RESPONSIBILITY IS ASSUMED FOR DIMENSIONAL ACCURACY OR APPEARANCE OF PRESSES SECURELY TO REMAIN UNLESS OTHERWISE SPECIFIED. ALL TRUSSES SHALL HAVE WOOD MEMBERS ACCURATELY CUT, ASSEMBLED, AND FABRICATED SO THAT ALL MEMBERS HAVE GOOD BEARING AND ALL TRUSS UNITS ARE UNIFORM. FOR OTHER ADVICE CONCERNING FABRICATION, QUALITY CONTROL, STORAGE, DELIVERY, ERECTION AND BRACING OF TRUSSES, CONSULT THE QUALITY CONTROL DEPARTMENT OF HYDRO-AIR ENGINEERING, INC.

- NOTES:
1. CUT ALL MEMBERS TO BEAR.
 2. CENTER ALL PLATES ON JOINTS UNLESS OTHERWISE NOTED.
 3. INDICATED CHORD SPLICES SHALL BE LOCATED 1/4 OF THE PANEL LENGTH (26').



HYDRO-AIR CLAIMS PROPRIETARY RIGHTS TO THE MATERIAL DISCLOSED HEREON. THIS DRAWING AND/OR TECHNICAL INFORMATION IS ISSUED IN CONFIDENCE FOR ENGINEERING INFORMATION ONLY AND MAY NOT BE REPRODUCED WITHOUT EXPRESS PERMISSION OF HYDRO-AIR ENGINEERING, INC.



JOINT	HYDRO-NAIL PLATE SIZE				** PLATE LOCATION ** ** X ** ** Y **	JOINT TYPE
J 1	2 1/4 X 4	D			2 1/4IN	14
J 2	4 1/8 X 4	D			4IN	15
J 3	4 1/8 X 6	D			6IN	2
J 4	4 1/8 X 4	D			4IN	2
J 5	3 1/8 X 4	D			4IN	2
J 6	3 1/8 X 4	D			4IN	2
J 7	3 1/8 X 4	D			4IN	13
J21	1 X 4	D			1IN	4
J22	3 1/8 X 4	D			4IN	2
J23	3 1/8 X 4	D			4IN	2
J24	4 1/8 X 4	D			4IN	2
J25	4 1/8 X 6	D			6IN	2
J26	4 1/8 X 6	D			6IN	2

JOINTS MARKED * HAVE NO SYMMETRICAL MATCH

** OPTIONAL SPLICES **
C 4 IS 3 1/8 X 6 D

D = 20 GA. (189 PSI USING GROSS PLATE CONTACT AREA)

WEBS ARE TO BE 4X 2 NO 3 KD SOUTHERN PINE

THE FOLLOWING WEBS ARE DOUBLED 1, 23,

WEB 12 IS TO BE REMOVED

DEFLECTION IS COMPUTED AT JOINT NO. 21

DEFLECTION = 0.8765 IN L/DELTA= 374

** WARNING ** L/DELTA IS LESS THAN 480

-->END OF JOB<--

DESIGNED BY
BAY-WOOD INDUSTRIES, INC.
 P.O. BOX 368
 BAY CITY, MICHIGAN 48706
 PHONE 1-(517) 894-2784

JOB NO. 777021 1 OF 1 EWI 10-20-77 5500

DESIGNED IN ACCORDANCE WITH TPI-74 AND 1973 NDS

TYPE = 2485	UNIFORM LOADING
SPAN = 27FT. - 4IN.	TOP CHORD LL = 40.0 PSF
SPACING = 2FT. - 0IN. ON CENTER	DL = 10.0 PSF
SHORT TERM LOADING INCREASES	BOT CHORD LL = 0. PSF
LUMBER STRESSES INCREASED = 1.00	DL = 7.0 PSF
PLATE RATING INCREASED = 1.00	TOTAL LOAD = 57.0 PSF
TOP CHORD SLOPE = 0. /12.	
DISTANCE FROM LEFT END TO CENTER OF DUCT OPENING = 13 FT. 8IN.	
HYDRO-AIR POSI-SPAN TRUSS	OVER-ALL DEPTH = 20 IN

*** TRUSS IS SYMMETRICAL ABOUT THE CENTERLINE ***

PANEL	LENGTH	CHORD	FORCE	WEB	FORCE	JOINT	LOAD	REACT
P 1= 1FT	6- 8/16IN	C 1=	-1548.	W 1=	1895.	J 1=	10.	-1558.
P 2= 2FT	7- 5/16IN	C 2=	-1258.	W 2=	-1786.	J 2=	130.	
P 3= 2FT	5-13/16IN	C 3=	-3294.	W 3=	1459.	J 3=	255.	
P 4= 2FT	5-13/16IN	C 4=	-4869.	W 4=	-1415.	J 4=	248.	
P 5= 2FT	5-13/16IN	C 5=	-5988.	W 5=	1096.	J 5=	248.	
P 6= 2FT	6- 9/16IN	C 6=	-6649.	W 6=	-1051.	J 6=	251.	
P 7= 2FT	1- 8/16IN	C 7=	-6867.	W 7=	732.	J 7=	234.	
P20= 2FT	1- 8/16IN	C20=	6867.	W 8=	-688.	J21=	24.	
P21= 1FT	3-10/16IN	C21=	6867.	W 9=	365.	J22=	27.	
P22= 2FT	5-13/16IN	C22=	6420.	W10=	-337.	J23=	35.	
P23= 2FT	5-13/16IN	C23=	5529.	W11=	24.	J24=	35.	
P24= 2FT	5-13/16IN	C24=	4182.	W12=	-0.	J25=	35.	
P25= 2FT	5-13/16IN	C25=	2378.			J26=	27.	
P26= 1FT	4- 6/16IN	C26=	0.					

***** REPETITIVE STRESS VALUES HAVE BEEN APPLIED TO THIS DESIGN *****

TOP CHORD IS 4X2 NO 1 KD DENSE SOUTHERN PINE	F=2150 T=1250 C=1700
STRESS FACTOR= 0.960	
BOT CHORD IS 4X2 DENSE SEL STRU KD SOUTHERN PINE	F=2500 T=1500 C=2100
STRESS FACTOR= 0.900	

2X 4 MINIMUM BEARING REQUIRED AT J 1 AND J 14



#19.75

CITY OF HAROLD
BUILDING INSPECTION DEPARTMENT
APPLICATION FOR ELECTRICAL PERMIT
BIPHAS POINT SA TEXAS

The undersigned hereby certifies that the information furnished herein for the installation, replacement, or alteration of electrical equipment as herein specified, agreeing to do all such work in accordance with the City of Harold's adopted Electrical Code and all applicable laws and ordinances.

Owner's Name Gyron R. Wachtman Address 542 Euclid
Contractor's Name Gyron R. Wachtman Address 542 Euclid Tel. 599-9863

LOT NUMBER _____
Location of Project _____ Spring District

BUILDING INFORMATION:
Single Family Multiple Family _____ Multiple Family _____
New Construction Addition _____ Renovation _____
Alterations _____

Year of Construction 1904 ~~1939~~ Number of Stories 2-1

Size of Building 200 sq. ft. (less or no)

Total number of branch circuits 24 Number of new branch circuits 9

APPLICABLE CIRCUITS: (Number of each)
Standard Range (1) Range (1) Dry (1) Dishwasher (1)
Air Conditioning (1) Electric Power (1) Home Electronic (2)
Refrigerator (1)
NO _____

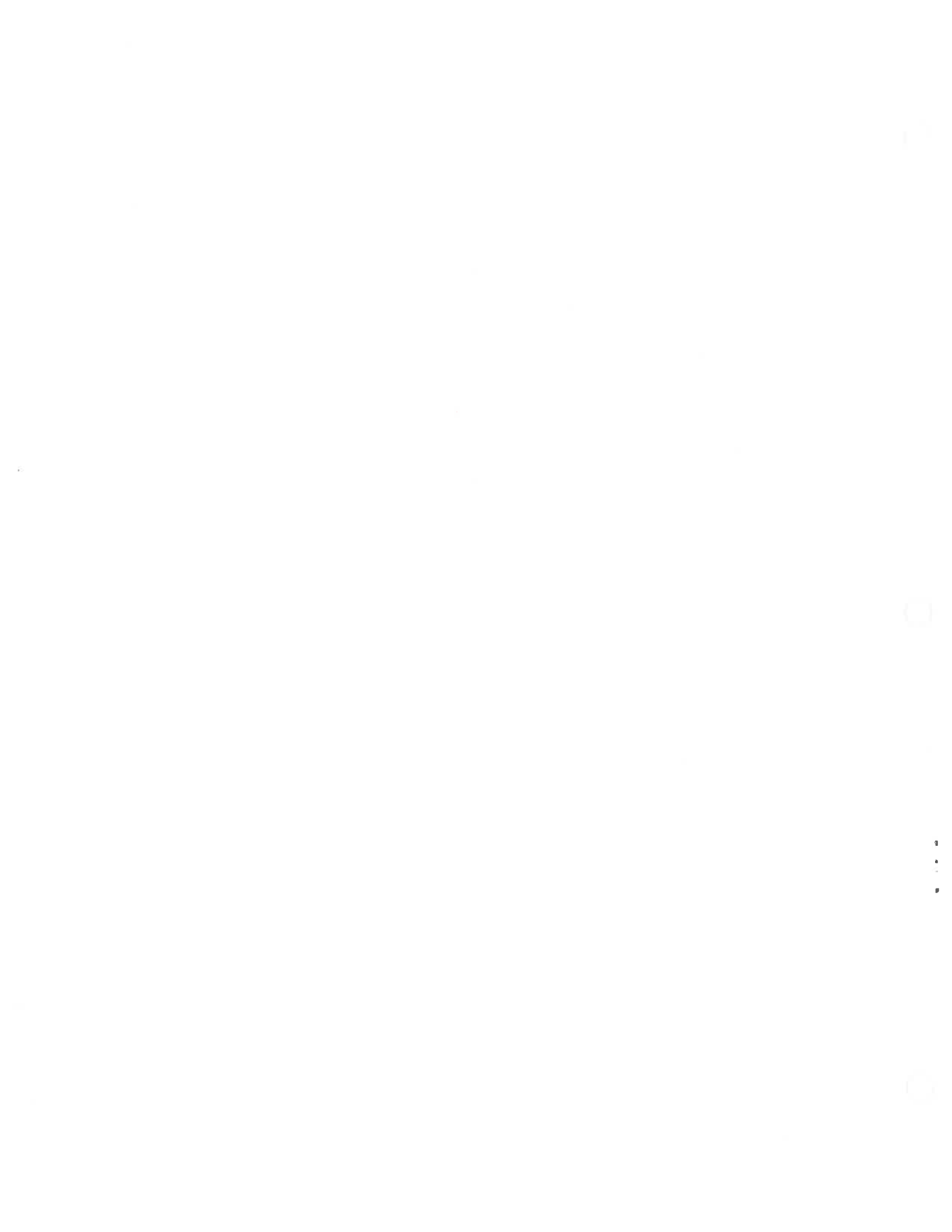
Other electrical equipment to be installed with approved ground _____

REVISIONS TO THIS PERMIT _____

DATE OF COMPLETION _____
DATE 10-13-77 CONTRACTOR'S SIGNATURE Gyron R. Wachtman
CITY CONTRACTOR-AGENT

24
9 9.00
15 1.00
1 6.75
9 3.00
5
19.75

#1,400



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

#6.00

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 Gynn R. Wachtman Address 542 Euclid
Contractor's Name Gynn R. Wachtman Address 542 Euclid Tel. 599-9863

BUILDING INFORMATION:

Single Family Double Family _____ Multiple _____ New Construction
Addition _____ Remodel _____ Replacement _____ No. of Stories 1

DESCRIPTION OF WORK

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

Unit Heaters _____ Unit Gas Heaters _____ Other Heat Pump

Type - Gravity _____ Forced Radiant _____

No. of Thermostatical Heating Zone 5

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

Electric Heat - No. of Circuits _____ Other _____

Total Heat Loss of Area to be Heated 45,000 BTU

Rated Capacity of Furnace/Boiler 15 TUV

No. of Furnaces 1 No. of Hot Air Fans 7

No. of Hot Water Radiators _____ Type of Fuel Electric

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

Roof or Exposed to Outside Air _____ Attic _____ Other _____

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: _____

DATE _____ APPLICANT'S SIGNATURE _____

OWNER-CONTRACTOR-AGENT

3.00 BASE
8.00 +

\$11.00 TOTAL

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

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

Owner's Name Glynis R. Wachtman Address 542 Cecid

Contractor's Name Glynis R. Wachtman Address 542 Cecid Tel. 599-9863

BUILDING INFORMATION:

Single Family Double Family _____ Multiple Family _____ New Construction

Addition _____ Remodel _____ Replacement _____ No. of Stories 1

DESCRIPTION OF WORK

Drainage Pipe of: Cast Iron _____ Copper _____ Other Plastic

Size of Main Building Drain: 4" Other _____

Size of Main Vent Stack: 3" 4" _____ Other _____

Require Water Tap: yes (Yes or No) Require Sewer Tap: yes (Yes or No)

Size and Type of Water Tap 3/4" Plastic pipe

Size and Type of Sewer Tap 4" Type of Joints _____

No. of Water Closets 2 No. of Sump Pumps _____

No. of Bathtubs _____ No. of Lavatories 2

No. of Kitchen Sinks 1 No. of Automatic Washers 1

No. of Disposals 0 No. of Hot Water Heaters 1

No. of Dishwashers 1 No. of Shower Receptors 1

No. of Floor Drains 1 Other (specify) _____

Storm Drainage Outlet to: Storm Sewer _____ Other Tile

APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF A DRAINAGE ISOMETRIC, WITH ALL PIPES AND TRAPS PROPERLY SIZED. MUST INDICATE TOTAL DRAINAGE FIXTURE UNIT VALUE (dfu).

ESTIMATED COST OF COMPLETED PROJECT: 1,800

DATE 10-13-77 APPLICANT'S SIGNATURE Glynis R. Wachtman
OWNER-CONTRACTOR-AGENT

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

Permit No. 2975 Issued 7-27-93

Job Location 550 EUCLID

Lot _____

Issued by BRENT N. DAMMAN

Owner LYNN WACHTMANN 599-9863

Address 550 EUCLID, NAPOLEON, OHIO

Agent SELF

Address _____

Use Type - Residential X

Other - Describe _____

No. Dwelling Units _____

New Replacement XX

Add'n. Alter Remodel

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 200.00

FEES	BASE	PLUS	TOTAL
<input type="checkbox"/> Building	\$	\$	\$
<input checked="" type="checkbox"/> Electrical	\$ 15.00	\$	\$ 15.00
<input type="checkbox"/> Plumbing	\$	\$	\$
<input type="checkbox"/> Mechanical	\$	\$	\$
<input type="checkbox"/> Demolition	\$	\$	\$
<input type="checkbox"/> Zoning	\$	\$	\$
<input type="checkbox"/> Sign	\$	\$	\$
<input type="checkbox"/> Water Tap	\$	\$	\$
<input type="checkbox"/> Sew. Insp.	\$	\$	\$
<input type="checkbox"/> Sewer Tap	\$	\$	\$
<input type="checkbox"/> Temp. Water	\$	\$	\$
<input type="checkbox"/> Temp. Elec.	\$	\$	\$
TOTAL FEES.....			\$ 15.00
LESS FEES PAID.....			\$ 15.00
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: 100 AMP SERVICE

Plumbing: _____

Mechanical: _____

Additional Information: _____

Date 7-27-93 Applicant Signature _____

Lynn Wachtmann

PAID
JUL 27 1993
CITY OF NAPOLEON

INSPECTION RECORD

UNDERGROUND			ROUGH-IN						FINAL		
Type	Date	By	Type	Date	By	Type	Date	By	Type	Date	By
PLUMBING	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		
MECHANICAL	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		
ELECTRICAL	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		7/29 87
	Temporary Power Pole		Subpanels			<input type="checkbox"/> Duct Htr(s) <input type="checkbox"/> Furnace(s)			FINAL APPROVAL		7/29 88
BUILDING	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		
ADDITIONAL	INSPECTIONS, CORRECTIONS, ETC.					INSPECTIONS, CORRECTIONS, ETC.					

APPLICATION FOR PERMIT TO TAP SEWER

(Print or Type)

Owner Lynn Wachtman NO. 752
Address 542 Euclid Ave. Napoleon, Ohio 43545 BLDG. PERMIT 845-77
Contractor Self PERMIT FEE \$ 60.00
Address Same Tel. 599-9863 DATE PAID 10-17-77
for office use only

LOCATION OF CONNECTION

Street and No. 550 Euclid Avenue Sanitary XX Storm _____
Lot No. 1 Subdivision of lots 36,37,38 Randalls 1st. Size of Tap 4"
Size and Type of Sewer 4" Vit. Clay pre. joint ALL WORK MUST BE INSPECTED

I certify that the sewer will be used only as indicated and no other Drainage will be connected.

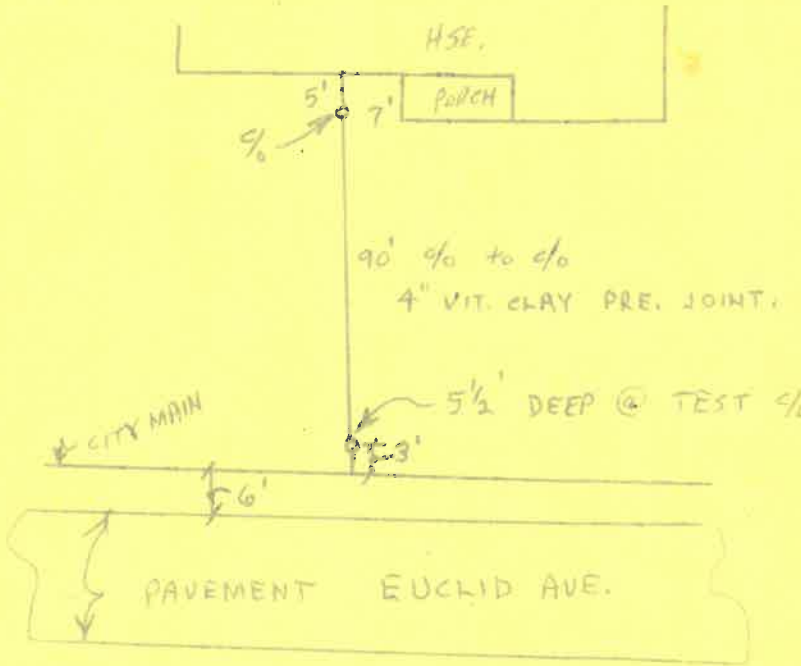
Date _____ Signature _____ owner-builder-agent
do not write below this line

INSPECTION RECORD

Date Inspected 12-16-77 Size and Type of Sewer 4" VIT. CLAY
Location FRONT OF HSE Depth 5 1/2' @ STREET 9/16 Type of Test AIR
Inspected and Approved By: Ronald D. Sonnenberg 12-16-77
Inspector Date
Additional Information SEWER CONNECTION (NOT YET INSPECTED)

Send copy to: LYNN WACHTMAN

SKETCH OF INSTALLATION



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. 2975 ISSUED 7-27-93

JOB LOCATION 550 Euclid

LOT _____
 (Subdivision or Legal Description)

ISSUED BY BND
 (Building Official)

OWNER Lynn Wachtmann PHONE 599-9863

ADDRESS 550 Euclid

AGENT SELF PHONE _____

ADDRESS _____

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

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

ESTIMATED COST = \$ 200.00

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

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

TOTAL FEES \$ 15.00
 Less Fees Paid \$ 15.00
 BALANCE DUE \$ - 0 -

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: Width _____ Length _____ Stories _____ Height _____

Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: 100 amp service

ELECTRICAL: Contractor _____ Phone _____

Address _____ ESTIMATED COST = \$ _____

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

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

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 _____