

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

Permit No. 2753 Issued 9-1-92
 Job Location 608 Euclid
 Lot _____
 Issued by Brent N. Damman
 Owner Orville Weirauch 592-3367
 Address 608 Euclid, Napoleon, Ohio
 Agent Self
 Address _____
 Use Type - Residential x
 Other - Describe _____
 No. Dwelling Units 1
 New x Replacement _____
 Add'n. Alter Remodel
 Mixed Occupancy _____
 Change of Occupancy _____
 Estimated Cost \$ 360.00

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> Building	\$ 9.00	\$	\$ 9.00
<input type="checkbox"/> Electrical	\$	\$	\$
<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.....			\$ 9.00
LESS FEES PAID..9-1-92.....			\$ 9.00
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: _____
 Plumbing: _____
 Mechanical: _____

PAID
 SEP 01 1992
 CITY OF NAPOLEON

Additional Information: Privacy fence.

Date 9-1-92 Applicant Signature Mrs. Orville Weirauch

APPLICATION FOR
RESIDENTIAL, BUILDING, ELECTRICAL, PLUMBING, AND MECHANICAL PERMITS 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. 2753 ISSUED 9-1-92

	<u>BASE</u>	<u>PLUS</u>	<u>TOTAL</u>
<input checked="" type="checkbox"/> BUILDING	\$ <u>9.00</u>	\$ _____	\$ <u>9.00</u>

JOB LOCATION 608 Euclid

<input type="checkbox"/> ELECTRICAL	\$ _____	\$ _____	\$ _____
-------------------------------------	----------	----------	----------

LOT _____
(Subdivision or Legal Description)

<input type="checkbox"/> PLUMBING	\$ _____	\$ _____	\$ _____
-----------------------------------	----------	----------	----------

ISSUED BY BND
(Building Official)

<input type="checkbox"/> MECHANICAL	\$ _____	\$ _____	\$ _____
-------------------------------------	----------	----------	----------

OWNER Orville Weirauch PHONE 592-3367

<input type="checkbox"/> DEMOLITION	\$ _____	\$ _____	\$ _____
-------------------------------------	----------	----------	----------

ADDRESS 608 Euclid

<input type="checkbox"/> ZONING	\$ _____	\$ _____	\$ _____
---------------------------------	----------	----------	----------

AGENT Self PHONE _____

<input type="checkbox"/> SIGN	\$ _____	\$ _____	\$ _____
-------------------------------	----------	----------	----------

ADDRESS _____

<input type="checkbox"/> WATER TAP	\$ _____	\$ _____	\$ _____
------------------------------------	----------	----------	----------

USE - RESIDENTIAL _____ OTHER _____

<input type="checkbox"/> SEWER TAP	\$ _____	\$ _____	\$ _____
------------------------------------	----------	----------	----------

COMMERCIAL _____ INDUSTRIAL _____ NEW ADD'N _____

<input type="checkbox"/> TEMP WATER	\$ _____	\$ _____	\$ _____
-------------------------------------	----------	----------	----------

REPLACEMENT _____ REMODEL _____ MIXED OCCUPANCY _____

<input type="checkbox"/> TEMP ELEC	\$ _____	\$ _____	\$ _____
------------------------------------	----------	----------	----------

ESTIMATED COST - \$ 360.00

Additional Plan Review -	Structure Electric _____	Hours _____
		Hours _____

TOTAL FEES	\$ <u>9.00</u>
Less Fees Paid (Date) _____	\$ <u>9.00</u>
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 - GARAGE FLOOR AREA _____ SQ. FT. - BASEMENT FLOOR AREA _____ SQ. FT. - 2ND FLOOR AREA _____ SQ. FT.

SIZE - LENGTH _____ - WIDTH _____ - STORIES _____ - GROUND FLOOR AREA _____ SQ. FT.

HEIGHT _____ - BUILDING VOLUME (FOR DEMOLITION PERMIT) _____ CUBIC FEET

DESCRIPTION OF WORK: Privacy fence

DATE
SEP 01 1992
CITY OF NAPOLEON

ELECTRICAL: Contractor _____ Phone _____

Address _____

ESTIMATED COST = \$ _____

TYPE OF WORK: New _____ Service Change _____ Rewiring _____ Add'l Wiring _____

TEMPORARY ELECTRIC 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 = _____ Other (Fixture/Type) - _____

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 _____



