#### PERMIT

### CITY OF NAPOLEON, OHIO — DEPT. OF BUILDING & ZONING 255 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 592-4010

| -1-1      | . WYYYYYYYY COA                                                                                                   | T               |                                       | Date June 5, 19                      |
|-----------|-------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------|--------------------------------------|
|           | ion WAXMMXXXXX 630                                                                                                | Euclid          | Valuation \$_2                        | 50.00                                |
| wner      | Namo                                                                                                              |                 |                                       |                                      |
| ontracto  | r                                                                                                                 |                 | Telephone No                          | )                                    |
|           | Address                                                                                                           |                 |                                       |                                      |
| ectric Co | ontractor Lynn Wachtman,                                                                                          | 550 Euclid      | , Napoleon, Ohio                      | 599-9863                             |
| umbing    | Contractor                                                                                                        |                 |                                       |                                      |
|           | Contractor                                                                                                        |                 |                                       |                                      |
|           | This permit is issued for work de mitted, as approved by the Buildi conform to all pertinent constructions.       | ng Commissione: | of the City of Nanoleon               | Ohio Work shall                      |
| ork Infor |                                                                                                                   |                 |                                       |                                      |
|           | No. dwalling units                                                                                                | ommercial       | Indus                                 | trial                                |
|           | truction                                                                                                          | Addition        | Rem                                   | nodel                                |
| iei Desci | ription of WorkInstall 7                                                                                          | prugs and a     | a 3-way switch                        |                                      |
| the own   | ers or contractors responsibility to<br>partment for the following (x) inspe                                      | call the        |                                       | JUN 5 1980                           |
|           | parametric the following (x) inspir                                                                               | ections.        | PERM                                  | TIT & FEEGE NAPOLEON                 |
| -         | Footing excavation prior to pla                                                                                   | cing            | Building Permit                       | \$                                   |
|           | concrete.                                                                                                         |                 | Electrical Permit                     | \$ 7.00                              |
| -         | <ul> <li>Footing drains and foundation to backfill.</li> </ul>                                                    | orior           | Plumbing Permit                       | \$                                   |
|           |                                                                                                                   |                 | Mechanical Permit                     | \$                                   |
|           | <ul> <li>Prepared sub-grade prior to pla<br/>concrete floor slab.</li> </ul>                                      | cing            | Demolition Permit                     | \$                                   |
|           | Sanitary sewer                                                                                                    |                 | Zoning Permit                         | \$                                   |
|           |                                                                                                                   | 1               | a                                     |                                      |
| X         | Rough-in electrical plumbing                                                                                      | and             | Sign Permit                           | \$                                   |
| X         | Rough-in electrical, plumbing<br>service framing prior to instal                                                  |                 | Sign Permit Water Tap                 | \$<br>\$                             |
|           | service framing prior to insta-<br>wall board.                                                                    |                 |                                       | \$<br>\$<br>\$                       |
| X         | service framing prior to instal<br>wall board.  Final electrical, plumbing                                        |                 | Water Tap                             | \$<br>\$<br>\$                       |
|           | service framing prior to instal<br>wall board.  Final electrical, plumbing<br>heating.                            | and             | Water Tap<br>Sewer Tap                | \$\$<br>\$\$<br>\$\$                 |
|           | service framing prior to instal wall board.  Final electrical, plumbing heating.  Final building inspection, prio | and             | Water Tap Sewer Tap Temp. Elec. Other | \$\$<br>\$\$<br>\$\$                 |
|           | service framing prior to instal<br>wall board.  Final electrical, plumbing<br>heating.                            | and             | Water Tap Sewer Tap Temp. Elec. Other | \$\$<br>\$\$<br>\$\$                 |
| Х         | service framing prior to instal wall board.  Final electrical, plumbing heating.  Final building inspection, prio | and<br>r to     | Water Tap Sewer Tap Temp. Elec. Other | \$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$ |

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#### PERMIT

### CITY OF NAPOLEON, OHIO — DEPT. OF BUILDING & ZONING 255 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 592-4010

| Job Location MEXMERXEEN 630 Euclid                                                                                                                                                                    | Valuation \$ 250.00                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Weldon Apel Address                                                                                                                                                                                   | AddressAddress630 Euclid                                                                                                         |
| OwnerName Contractor                                                                                                                                                                                  | Tolophono No                                                                                                                     |
| Address                                                                                                                                                                                               |                                                                                                                                  |
| lectric Contractor Lynn Wachtman, 550 Eu                                                                                                                                                              | clid, Napoleon, Ohio 599-9863                                                                                                    |
| lumbing Contractor                                                                                                                                                                                    |                                                                                                                                  |
| lechanical Contractor                                                                                                                                                                                 |                                                                                                                                  |
| This permit is issued for work described in to mitted, as approved by the Building Commis conform to all pertinent construction and la                                                                | the plans, specifications, and/or application subscioner of the City of Napoleon, Ohio. Work shall and use Codes and Ordinances. |
| /ork Information:                                                                                                                                                                                     |                                                                                                                                  |
| esidential Commercial                                                                                                                                                                                 | Industrial                                                                                                                       |
|                                                                                                                                                                                                       | and a 3-way switch                                                                                                               |
| s the owners or contractors responsibility to call the diding Department for the following (x) inspections:                                                                                           | PERMIT & PLEESE NAPOLEON                                                                                                         |
| ———— Footing excavation prior to placing concrete.                                                                                                                                                    | Building Permit \$  Electrical Permit \$                                                                                         |
| Footing drains and foundation prior to backfill.                                                                                                                                                      | Plumbing Permit \$                                                                                                               |
|                                                                                                                                                                                                       | Mechanical Permit \$  Demolition Permit \$                                                                                       |
| Prepared sub-grade prior to placing concrete floor slab.                                                                                                                                              |                                                                                                                                  |
| concrete floor slab.  Sanitary sewer                                                                                                                                                                  | Zoning Permit \$                                                                                                                 |
| Concrete floor slab.  Sanitary sewer  Rough-in electrical, plumbing and service framing prior to installing                                                                                           | Zoning Permit \$  Sign Permit \$  Water Tap \$                                                                                   |
| concrete floor slab.  Sanitary sewer  Rough-in electrical, plumbing and service framing prior to installing wall board.  Final electrical, plumbing and                                               | Zoning Permit \$ Sign Permit \$                                                                                                  |
| concrete floor slab.  Sanitary sewer  Rough-in electrical, plumbing and service framing prior to installing wall board.  Final electrical, plumbing and heating.  Final building inspection, prior to | Zoning Permit       \$                                                                                                           |
| Concrete floor slab.  Sanitary sewer  Rough-in electrical, plumbing and service framing prior to installing wall board.  Final electrical, plumbing and heating.                                      | Zoning Permit       \$                                                                                                           |

# INSPECTION RECORD

ADDLOSON NO YELD

|             | By    |                        |                 |                        |                    |       |                            |                     |                              |           |         |                       |                   |                       |          |                                  |             |                               |                   |                           |                          |                                    |
|-------------|-------|------------------------|-----------------|------------------------|--------------------|-------|----------------------------|---------------------|------------------------------|-----------|---------|-----------------------|-------------------|-----------------------|----------|----------------------------------|-------------|-------------------------------|-------------------|---------------------------|--------------------------|------------------------------------|
|             | Date  |                        |                 |                        |                    |       |                            |                     |                              |           |         |                       |                   |                       |          |                                  | Sess        |                               |                   |                           |                          | J. Tri Li                          |
| & FINA!     | Туре  | Drainage, W.<br>& Vent | Water<br>Heater | Backflow<br>Prevention |                    | FINAL | Electric Mtr.<br>Clearance | Signs               |                              |           | FINAL   | Duct<br>Insulation    | Chimney(s)        | Furnace(s)            | FINAL    | Fireplace<br>Chimney             | Attic       | Special Insp<br>Reports Rec'd | Smoke<br>Detector | Demolition<br>(sewer cap) | Building or<br>Structure | #                                  |
| _           | By    |                        |                 |                        |                    |       | ∞3                         |                     |                              |           |         |                       |                   |                       |          |                                  |             |                               |                   |                           |                          | 11111                              |
| I I         | Date. |                        |                 |                        |                    |       | Sha                        |                     |                              |           |         |                       |                   |                       |          |                                  | sess        |                               |                   |                           |                          | ssued                              |
| ROUGH-IN    | Туре  | Drainage, W. & Vent    | Water           | Condensate<br>Lines    | Indirect:<br>Waste |       | Rough<br>Wiring            | Conduits/<br>Cable  | Service Panel<br>Switchboard | Subpanels | ☐ Range | Refrigerant<br>Piping | Ducts/<br>Plenums | Ventilation<br>Supply | a Exhst. | Wall<br>Construction             | Crawl Space | Floor<br>System(s)            | Roof<br>System    | Fire<br>Wall(s)           | Roof Cover<br>Roof Drain | Certificate of<br>Occupancy Issued |
|             | By    |                        |                 |                        |                    |       |                            |                     |                              |           |         |                       |                   |                       |          |                                  |             |                               |                   |                           |                          | 1                                  |
| NO O        | Date  |                        |                 |                        |                    |       |                            |                     |                              |           |         |                       |                   |                       |          |                                  |             |                               |                   |                           |                          | OVAL                               |
| UNDERGROUND | Type  | Sewer                  | Building        | .Water<br>Piping       |                    |       | Floor Ducts<br>Raceways    | Conduits & or Cable | Grounding & or Bonding       |           |         | Refrigerant<br>Piping | Ducts/<br>Plenums |                       |          | Location, Set-<br>backs, Esmt(s) | Excavation  | Footings &<br>Reinforcing     | Sub-soil<br>Drain | Foundation<br>Walls       | Floor                    | FINAL APPROVAL<br>BLDG, DEPT       |
| The said    | 25    | 100                    | NC              | IBM                    | nad                |       |                            | CAL                 | IATO                         | ELEC      |         | Ta                    | 'AIC'             | AHO                   | 3M       |                                  | !           | DING                          | חודנ              | ä                         |                          |                                    |

## PARTY SEE STREET, CC

## CITY OF NAPOLEON BUILDING INSPECTION DEPARTMENT APPLICATION FOR ELECTRICAL PERMIT (please print or type).

| The underconvend history makes applicat                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| of electrical equepment as betake spe                                                                                                                            | extred, agreeing to do all such work                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| an 3thank annexidence with the City of                                                                                                                           | Napoleon's adopted Electrical Codes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Comer's Harr Weldon apel                                                                                                                                         | Actives 630 Cerclist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Electrical Contractor Lynn Wa                                                                                                                                    | Colman Telephone No. 599-986.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Electrical Contractor Genn War<br>Address 550 Cucled                                                                                                             | Map.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Ceneral Contractor                                                                                                                                               | Telephone No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Address                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Location of Project 630 Cercles                                                                                                                                  | Cost of Project \$ 250. 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Work information:                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Residential Commercial                                                                                                                                           | industrial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Residential Commercial No Units No Units No Service Change Rewigin                                                                                               | g #dditional Wiring /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ettent lieveristim at week: install                                                                                                                              | 7 plugs and a 3 way witch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| alse of proposed Service Entrance                                                                                                                                | Number of new Circuits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Type of proposed Service Entrance                                                                                                                                | Underground Dearh ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Require Temporary Elect 10                                                                                                                                       | (Yes or No)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Sotal Ficer Assa - Commercial and Ind                                                                                                                            | ustrial only silett                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Additional Information:                                                                                                                                          | advantage from the same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                  | and the second s |
| *BRILLAD FAULT TIRUBIT INTERRUPTER PRO<br>STAGET PHASE, IS AND TO AMP. CIRCUITS<br>PLECEFIC STRVICE: AND ALSO ON MATHROO<br>IN ALL DWELLING UNITS. ARE: E10.3 N. | THE THE ARE PART OF A TRIDING LEVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| *APPLICATION FOR PERMIT SHALL BY ACCO<br>"LIVE THELLOPING" BLECTRICAL LAYOUT AN<br>RED INDUSTRIAL WORK ONLY "                                                    | D RISER DIAGRAR AFOR COMMERCEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6-4-80 Applicant's Sta                                                                                                                                           | Jenn Wachtman                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |