

PERMIT

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

Permit No. 3460 Issued 02/09/95
date

Job Location 218 E. Front St.
address

Lot _____
sub-div or legal discript

Issued By Brent N. Damman
building official

Owner Walter Collision 592-9806
name tel.

Address 222 E. Front St.

Agent K. Kutzli Const. 533-2665
builder-eng.-etc. tel.

Address 107 E. Wabash Liberty Center,
OH,

Description of Use _____

Residential _____
no. dwelling units

Commercial _____ Industrial _____

New Add'n. _____ Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 9,280.00

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	9.00	46.00	55.00
<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			
SEW. INSP.			
SEWER TAP			
TEMP. WATER			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs _____	Elect. _____ hrs _____	
TOTAL FEES.....			55.00
LESS MIN. FEES PAID _____			
BALANCE DUE.....			

ZONING INFORMATION

district	lot dimensions	area	front yd	side yds	rear yd
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr

WORK INFORMATION:

Size: Length 50' Width 32' Stories 1 Ground Floor Area _____

Height 22' Building Volume (for demo. permit) _____ cu. ft.

Electrical: _____
brief description

Plumbing: _____
brief description

Mechanical: _____
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

Additional Information: 32' x 40' Storage Building

PAID

FEB 13 1995

CITY OF NAPOLEON

Date 2/9/95 Applicant Signature [Signature]
owner-agent

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. 3460 ISSUED 2-9-95

JOB LOCATION 218 E. Front

LOT _____
(Subdivision or Legal Description)

ISSUED BY BND
(Building Official)

OWNER Walter Collision PHONE 592-9806

ADDRESS 222 E. Front

AGENT Kokutzi Const. PHONE 533-2665

ADDRESS 107 E. Wabash Liberty Center

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

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

ESTIMATED COST = \$ 9280.00

	<u>Base</u>	<u>Plus</u>	<u>Total</u>
<input checked="" type="checkbox"/> Building	\$ <u>9.00</u>	\$ ^{78.00} <u>46.00</u>	\$ <u>55.00</u>
() Electrical	\$ _____	\$ _____	\$ _____
() Plumbing	\$ _____	\$ _____	\$ _____
() Mechanical	\$ _____	\$ _____	\$ _____
() Demolition	\$ _____	\$ _____	\$ _____
() Zoning	\$ _____	\$ _____	\$ _____
() Sign	\$ _____	\$ _____	\$ _____
() Water Tap	\$ _____	\$ _____	\$ _____
() Sewer Tap	\$ _____	\$ _____	\$ _____
() Temp Water	\$ _____	\$ _____	\$ _____
() Temp Elec.	\$ _____	\$ _____	\$ _____

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

TOTAL FEES \$ 55.00
Less Fees Paid \$ _____
BALANCE DUE \$ _____

ZONING INFORMATION

<u>District</u>	<u>Lot Dimensions</u>	<u>Area</u>	<u>Front Yard</u>	<u>Side Yard</u>	<u>Rear Yard</u>
<u>Max Height</u>	<u>No. Pkg. Spaces</u>	<u>No. Ldg. Spaces</u>	<u>Max Cover</u>	<u>Petition or Appeal Required-Date</u>	

WORK INFORMATION

Building: Ground Floor Area _____ sq. ft. Basement Floor Area _____ sq. ft.
Garage Floor Area _____ sq. ft. 2nd Floor Area _____ sq. ft. Other _____ sq. ft.
Size: Length 40' Width 32 Stories 1 Height 22'
Building Volume (for Demolition Permit) _____ cubic feet
Description of Work: 32' x 40' Storage building

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** _____

218 E. Front

T&M SUPPLY

BOX 330
200 WEST SOUTH DEPOT STREET
STRYKER, OHIO 43657

PHONE 419-682-6955
FAX 419-682-3646

FAX COVER SHEET

This is page 1 of 3. If you do not receive the entire transmission, or experience difficulties, please call and let us know at the above number.

SENT TO: Brent Damman

ATTENTION: _____

FROM: Andy Grime - Ohio Timberland Products

MESSAGE: Following are the copies you requested
for the Kevin Kutzli job. Please
call if you need anything else.

MIDWESTERN WHOLESALEERS, INC.



In Ohio
1-800-551-WOOD

4832 Plank Rd., P.O. Box 809
NORWALK, OHIO 44857
419-668-1610

INVOICE
30582

No. 30582

SHIP TO: *OTR*
T & M SUPPLY **
200 W. SOUTH DEPOT
STRYKER, OH 43557

DATE: 01/31/95
Order No. 43091

SOLD TO: 76201
T & M SUPPLY **
200 W. SOUTH DEPOT STREET
STRYKER, OH 43557

1.5% Monthly Service Charge Begins →

YOUR ORDER NUMBER	SHIPPED VIA	SHIP DATE	TERMS	SALESMAN	DUE DATE	
2 OF 3	MIDWESTERN	01/31/95	1/2 * 10 NET 30	S. SWINDEL	02/31	
QTY.	DESCRIPTION			FOOTAGE	PRICE	EXTENSION
128	2X6-10 #1 SYP.60 CCA KDAT 19%			1280		
128	2X6-10 #1 SYP.60 CCA KDAT 19%			1280		
128	2X6-10 #1 SYP.60 CCA KDAT 19%			1280		
128	2X6-10 #1 SYP.60 CCA KDAT 19%			1280		
128	2X6-10 #1 SYP.60 CCA KDAT 19%			1280		
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128	2X6-10 #1 SYP.60 CCA KDAT 19%			1280		
128	2X6-10 #1 SYP.60 CCA KDAT 19%			1280		
128	2X6-10 #1 SYP.60 CCA KDAT 19%			1280		
128	2X6-10 #1 SYP.60 CCA KDAT 19%			1280		
1	EPA LABEL CCA (ATTACHED)					
1	MSDS CCA (ATTACHED)					
Subtotal						

Discount of
Pay Only \$
ONLY IF POSTMARKED BY 02/10/95

Thank You
We appreciate your business.

TOTAL F
217



ARLING LUMBER, INC.

P.O. BOX 58359 LOCAL: 1-513-451-5700
CINCINNATI, OHIO 45258-0359 TOLL FREE: 1-800-543-7486

REMIT TO:
DEPT 00471
CINCINNATI OH 45263-0471
NO: 56078

ERLANGER DISTRIBUTION CENTER I N V O I C E

B T&M SUPPLY S
I 200 W.S. DEPOT ST H
L PO BOX 330 I
L STRYKER OH 43557 P

INV DATE: 02-15-95 ACCT:TMS200 REF#: PAGE: 1
INV#: 056078 SHIP DATE: 02-14-95 'WHSE' MRSG: SLMN: 6000
PO #: VERBAL TODD SHIP VIA: 1

SHIP	UNIT	ITEM	UOM	TOT-FTG	PRICE	EXT
1344	PCS	28008 2X4-8 #2 KD SOU PINE S4S	MBF			
256	PCS	24510 2X6-10 #1 KD SOU PINE S4S	MBF			
128	PCS	24512 2X6-12 #1 KD SOU PINE S4S	MBF			
128	PCS	24514 2X6-14 #1 KD SOU PINE S4S	MBF			
128	PCS	24516 2X6-16 #1 KD SOU PINE S4S	MBF			
384	PCS	24010 2X4-10 #1 KD SOU PINE S4S	MBF			
384	PCS	28010 2X4-10 #2 KD SOU PINE S4S	MBF			

P I C K U P

*pd
02/27/95
ck # 6497*

TOTAL FTG

PAY TERMS: 1% CASH DISCOUNT IF PAID 25TH PROX, NET 26TH
YOU MAY DEDUCT IF PAID ON OR BEFORE FEBRUARY 25, 1995

