

PERMIT

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

Permit No. 078 Date June 25, 1980

Job Location 233 E. Front St. Valuation \$ _____

Owner Gail Sloan Address 233 E. Front St.

Contractor Gail Sloan Name _____ Address _____ Telephone No. 592-9591

Address 233 E. Front St., Napoleon, Ohio

Electric Contractor _____

Plumbing Contractor _____

Mechanical Contractor _____

This permit is issued for work described in the plans, specifications, and/or application submitted, as approved by the Building Commissioner of the City of Napoleon, Ohio. Work shall conform to all pertinent construction and land use Codes and Ordinances.

Work Information:

Residential Commercial _____ Industrial _____

No. dwelling units

New Construction _____ Addition Remodel _____

Brief Description of Work 16' X 32' pool

ISSUED BY Richard J. Hayman Building Official DEPT. OF BUILDING & ZONING

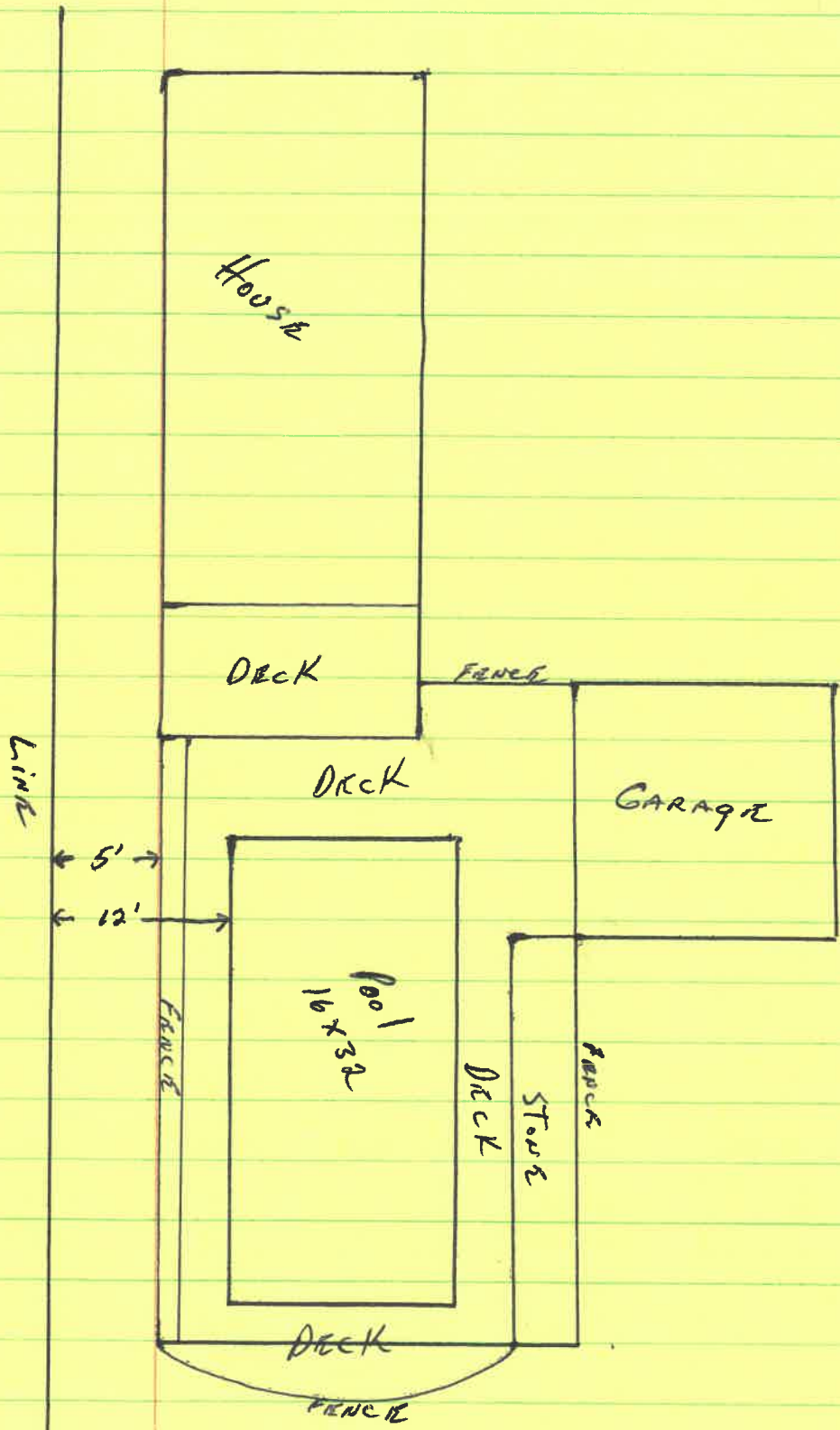
It is the owners or contractors responsibility to call the Building Department for the following (X) inspections:

- _____ Footing excavation prior to placing concrete.
- _____ Footing drains and foundation prior to backfill.
- _____ Prepared sub-grade prior to placing 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 occupancy.

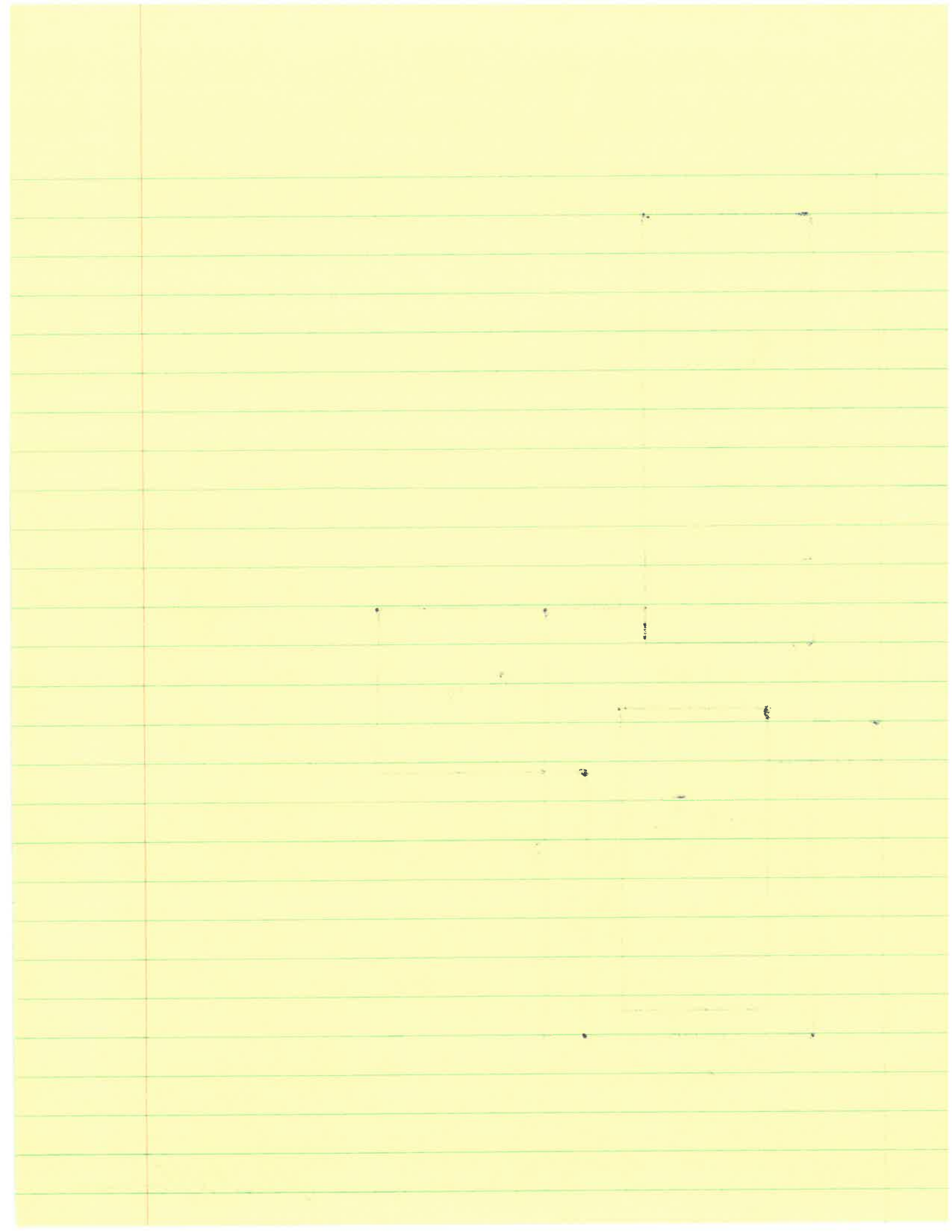
PERMIT & FEES

Building Permit	\$ 3.00
Electrical Permit	\$ _____
Plumbing Permit	\$ _____
Mechanical Permit	\$ _____
Demolition Permit	\$ _____
Zoning Permit	\$ _____
Sign Permit	\$ _____
Water Tap	\$ _____
Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other _____	\$ _____
TOTAL FEES	\$ 3.00
LESS FEES PAID	\$ -0-
BALANCE DUE	\$ 3.00

Permit is not valid until all fees are paid in full, and shall be void if work is not started within six months of date above.



Tailor



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

The undersigned hereby makes application for construction, installation, or alteration work as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Building Codes.

Location of project 233 E. FRONT Cost of project _____

Owner's Name GAIL SLOAN Address 233 E. FRONT

Contractor SELF Telephone No. 592-9591

Address 232 E. FRONT

Lot Information: (not required for siding job)

Lot No. _____ Subdivision _____

Zoning District _____ Lot Size 89 ft X 136 ft. Area _____ sq. ft.

Setbacks: Front _____ Right Side _____ Left Side _____ Rear _____

Work Information:

Residential Commercial _____ Industrial _____

New Construction Addition _____ Remodel _____

Accessory Building _____ Siding _____

(Specific Type)

Brief Description of Work: 16' x 32' Pool

Size: Length _____ Width _____ No. of Stories _____

Area: 1st Floor _____ sq. ft. Basement _____ sq. ft.

2nd Floor _____ sq. ft. Accessory Building _____ sq. ft.

3rd Floor _____ sq. ft. Other _____ sq. ft.

Additional Information: _____

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

Date 6-25-80 Applicants Signature Gail Sloan

DESCR.: 16' x 32' INGROUND Pool
✓ - FINAL No Fees Paid

PERMIT NO. _____ - 018
PERMIT FEE \$ 300

PERMIT

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Water Tap	\$ _____
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Other _____	\$ _____
TOTAL FEES	\$ <u>3.00</u>
LESS FEES PAID	\$ <u>-0-</u>
BALANCE DUE	\$ <u>3.00</u>

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INSPECTION RECORD

UNDERGROUND		ROUGH-IN & FINA'			
Type	Date	By	Type	Date	By
PLUMBING	Sewer Connection		Drainage, W. & Vent		
	Building Sewer		Water Piping		
	Water Piping		Condensate Lines		
			Indirect Waste		
ELECTRICAL	Floor Ducts Raceways		Rough Wiring		
	Conduits & or Cable		Conduits/ Cable		
	Grounding & or Bonding		Service Panel/ Switchboard		
			Subpanels		
			<input type="checkbox"/> Range <input type="checkbox"/> Dryer		
			Refrigerant Piping		
			Ducts/ Plenums		
			Ventilation <input type="checkbox"/> Supply		
MECHANICAL			<input type="checkbox"/> Exhst.		
	Location, Set-backs, Esmt(s)		Wall Construction		
	Excavation		Crawl Space <input type="checkbox"/> Vent <input type="checkbox"/> Access		
	Footings & Reinforcing		Floor System(s)		
	Sub-soil Drain		Roof System		
	Foundation Walls		Fire Wall(s)		
	Floor Slab		Roof Cover/ Roof Drain		
FINAL APPROVAL BLDG. DEPT		Certificate of Occupancy Issued #			