

PERMIT

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

Permit No. 193-78 Issued 11/3/78
date

Job Location 233 E. Front St.
address

Lot n/a
sub-div or legal discript

Issued By R.E. Johnson
building official

Owner Gail & Carol Sloan 592-9591
name tel.

Address 233 E. Front St.

Agent ~~XXXX~~ Self
builder-eng.-etc. tel.

Address _____

Description of Use new front porch & siding

Residential one
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter XX Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 3,000.00

ZONING INFORMATION

district "FP"	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 _____ Width _____ Stories _____ Ground Floor Area _____

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

Electrical: work in new porch
brief description

Plumbing: _____
brief description

Mechanical: _____
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

Additional Information: CALL FOR FINAL INSPECTION:

Date 11-6-78 Applicant Signature Gail Sloan
owner-agent

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	\$12.00		\$12.000
<input checked="" type="checkbox"/> ELECTRICAL	5.00		5.00
<input type="checkbox"/> PLUMBING			
<input type="checkbox"/> MECHANICAL			
<input type="checkbox"/> DEMOLITION			
<input type="checkbox"/> ZONING			
<input type="checkbox"/> SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs		
	Elect. _____ hrs		
TOTAL FEES.....			\$17.00
LESS MIN. FEES PAID			0
	date _____		
BALANCE DUE.....			\$17.00

PAID
 NOV 6 1978
 CITY OF NAPOLEON

12 7/1

193-78

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

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

Owner's Name Gail & Carol Sloan Address 233 E. FRONT

Builder's Name SELF Address _____ Tel. 592-9591

LOT INFORMATION: (Not required for roofing or siding job.)

Location of Project 233 E. FRONT Lot# _____

Subdivision _____ Lot Area _____ Sq. Ft. _____

Yard Setback: Front _____ Rear _____ Left Side _____

Right Side _____ Zoning District _____

BUILDING INFORMATION:

Single _____ Double _____ Multiple _____ New Construction _____

Addition _____ Remodel Attached Garage _____

Detached Garage _____ Accessory Building _____ Replacement

Brief Description of Work: NEW FRONT Porch & Siding of House

Size: Length 35' Width 20' No. of Stories 2

Floor Area: 1st Floor 700 Sq. Ft. 2nd Floor 420 Sq. Ft.

3rd Floor _____ Sq. Ft. Basement 700 Sq. Ft.

Unfinished Attic _____ Garage _____

Foundation: Piers _____ Full Basement Part Basement _____

Concrete _____ Thickness _____ Block _____ Size _____

Walls: Frame Block _____ Brick _____ Other _____

Specific Type of Exterior Siding Hard Board

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

ESTIMATED COST OF COMPLETED PROJECT: \$3000

DATE _____ APPLICANT'S SIGNATURE Gail Sloan
OWNER-BUILDER-AGENT

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

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

Owner's Name Gail & Carol Sloan Address 233 E. FRONT
Contractor's Name SELF Address _____ Tel. 572-9591

LOT INFORMATION:

Location of Project 233 E. FRONT Zoning District _____

BUILDING INFORMATION:

Single Family Double Family _____ Multiple Family _____
New Construction _____ Existing _____ Addition _____
Replacement Remodel Service Change _____
Size: Total Square Foot Per Floor _____ No. of Stories 2

DESCRIPTION OF WORK

Size of Service _____ AMP. Service Change Only _____ (Yes or No)

Total Number of New Circuits _____ Total Number of New Circuits Excluding Appliance Circuits _____

APPLIANCE CIRCUITS: (indicate quantity)

Electric Range _____ Range Hood _____ Clothes Dryer _____ Dishwasher _____
Air Conditioner _____ Attic Fan Blower _____ Room Exhaust Fan _____
Disposal _____ Hot Water Heater _____ Electric Oven _____
Require Temporary Electric _____ (Yes or No)

Note: G.F.I.C. required for all temporary electric with approved ground rod at service.

APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: ELECTRICAL LAY-OUT AND RISER DIAGRAM.

Estimated cost of completed project: _____

DATE _____ APPLICANT'S SIGNATURE Gail Sloan
OWNER-CONTRACTOR-AGENT

