

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

255 West Riverview Avenue, Napoleon, Ohio 43545 - 419-592-4010

01456

Permit No. [REDACTED] Issued 9-22-87
date

Job Location 307 E. FRONT
address

Lot 9 ORIGINAL PLATT
sub-div or legal discript

Issued By 54
building official

Owner PAUL VERHOEF
name tel.

Address 203 E FRONT

Agent BAUER CONSTRUCTION 395-1141
builder-eng.-etc. tel.

Address RR 6 DEFIANCE, OHIO

Description of Use RESIDENCE

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel X

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 1000.00

ZONING INFORMATION N.A.

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	6.00	6.00	12.00
<input type="checkbox"/> ELECTRICAL			
<input type="checkbox"/> PLUMBING			
<input type="checkbox"/> MECHANICAL			
<input type="checkbox"/> DEMOLITION			
<input type="checkbox"/> ZONING			
<input type="checkbox"/> SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT. .			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			12.00
LESS MIN. FEES PAID _____			
BALANCE DUE.....			

district <u>F.P.</u>	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 24' Width 20'-8" Stories _____ Ground Floor Area 489

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

Electrical: N.A. brief description

Plumbing: N.A. brief description

Mechanical: N.A. brief description

Sign: N.A. type Dimensions _____ Sign Area _____

Additional Information: RE-ROOF EXISTING HOUSE COMPLETE WITH NEW TRUSS RAFTERS AND SHEATHING

Date _____ Applicant Signature _____
owner-agent

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 309 E. FRONT Cost of project 1000.00
 Owner's Name Paul Verhoff Address 203 E. Front St.
 Contractor Bauer Construction Telephone No. 395-1141
 Address RR 6 Defiance, Ohio

Lot Information: (Not required for siding job)

Lot No. 9 Subdivision original Plat -
 Zoning District _____ Lot Size _____ ft. X _____ 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: ----- replace old flat roof with a
new 2 way asphalt shingle roof

Size: Length _____ Width _____ No. of Stories _____
 Area: 1st Floor _____ sq. ft. Basement _____ sq. ft.
 2nd Floor _____ sq. ft. Accessory Bldg. _____ 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 9-22-87 Applicant's Signature Paul Verhoff

PERMIT NO. _____
 PERMIT FEE \$ _____

ROOFING FINISH
3-1 SHINGLES
15# FELT
ROOF PITCH
4/12

GABLE END VENTS

~~TRUSSES~~
~~RAFTERS~~
2x6 or 2x8
at 2'-0" o.c.

ROOF SHEATHING
2 1/2" PLY TO 1/2" PLY
SOFFIT 5/8" PLY
SOFFIT VENTS

CEILING JOISTS
2x6 or 2x8
at 16" o.c.

EXISTING HOUSE

FINISH CEILING

WALL STUDS
2x4
at 16" o.c.

7'-6" clear floor
to ceiling height
(minimum)

20'-4"
SPAN

EXTERIOR WALL FINISH

INTERIOR WALL FINISH

WALL SHEATHING

FLOOR FINISH

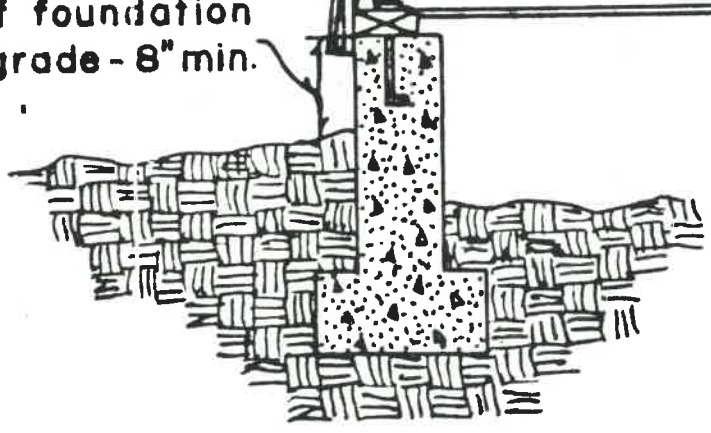
FOUNDATION BOLT
1/2" x 10"
6'-0" o.c. max.

FLOOR JOISTS
size _____
at _____ o.c.

Top of foundation
to grade - 8" min.

FOUNDATION WALL
thickness _____
depth _____

FOOTER
width _____
depth _____



CITY OF NAPOLEON
255 W. Riverview
NAPOLEON, OHIO 43545

message

reply

to [PAUL VERHOFF
203 E FRONT
NAP, OHIO 43512]

FOLD

subject BULLDOG PERMIT # 01456
HAS BEEN ISSUED FOR 309 E,
FRONT. AND CAN BE PICKED
UP AT THE CITY BULLDOGS.
THE AMOUNT OF THE FEE
WILL BE 12.00

date 10-5-87 signed ELDON HUBER

date _____ signed _____

SENDER: Mail white and pink copies with carbon intact.

RECEIVER: Reply, retain white copy, return pink copy.

CITY OF NAPOLEON

355 W. Riverview

NAPOLEON, OHIO 43543

Address

City/State/Zip

Blank lined area for address details.

Form fields for recipient information, including name and address.

subject: [illegible]

DATE OF THE [illegible]

date signed

Signature line and date field.

RECEIVED - Right to Life Clinic

ENTER MAIL WITH COPY TO [illegible]