

P E R M I T

CITY OF NAPOLEON
255 W. RIVERVIEW AVE
NAPOLEON, OHIO 43545

DIVISION OF BUILDING & ZONING
PH (419) 592-4010
FAX (419) 599-8393

PERMIT NO: 981 DATE ISSUED: 01-30-02 ISSUED BY: BND

JOB LOCATION: 314 E FRONT ST EST. COST: 1000.00

LOT #: SUBDIVISION NAME:

OWNER: THAYER, TIM
ADDRESS: 514 HOBSON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-7933

AGENT: GABLE HTG & A/C
ADDRESS: 220 ORCHARD LN
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-1176

USE TYPE - RESIDENTIAL: OTHER:

ZONING INFORMATION

DIST: LOT DIM: AREA: FYRD: SYRD: RYRD:
MAX HT: # PKG SPACES: # LOADING SP: MAX LOT COV:

BOARD OF ZONING APPEALS:

WORK TYPE - NEW: REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: WIDTH: STORIES: LIVING AREA SF:
GARAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

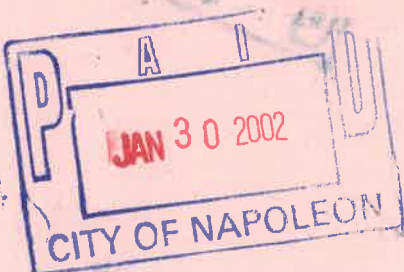
WORK DESCRIPTION
NEW UNIT HEATER

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		5.00

TOTAL FEES DUE 5.00

1-30-02
DATE

Randy E Gable
APPLICANT SIGNATURE



DIVISION OF BUILDING & ZONING
75 (419) 501-4010
752 (419) 501-4010

P E R M I T

CITY OF NAPOLÉON
122 W. RIVERSIDE AVE
NAPOLÉON, OHIO 43542

PERMIT NO: 281
DATE ISSUED: 01-30-02
ISSUED BY: BNC
JOB LOCATION: 314 E FRONT ST
EST. COST: 1000.00

LOT #: _____
OWNER: THAYER, TIM
ADDRESS: 314 HOSKIN ST
CITY: NAPOLÉON, OH 43542
PHONE: 419-501-7070
JOB TYPE - RESIDENTIAL
SUBDIVISION NAME: _____
AGENT: GABRI HUB & AVO
ADDRESS: 250 ORCHARD LN
CITY: NAPOLÉON, OH 43542
PHONE: 419-501-1134
OTHER: _____

WORKING INFORMATION
DIST: _____ LOT DIST: _____
MAX WT: _____ & MAX STACED: _____
AREA: _____
LOADING ST: _____
STYD: _____
MAX LOT NO: _____
EYD: _____

BOARD OR WORKING DETAILS:
WORK TYPE - NEW: _____
EQUIPT: _____
ADD'R: _____
ALTER: _____
REMOVL: _____

WORK INFORMATION
GARAGE AREA SQ: _____
HEIGHT: _____
WIND: _____
STORIES: _____
LIVING AREA SQ: _____
WALL DESCRIPTION: _____
W/ WALL HEATER: _____

PER DESCRIPTION: _____
PAID DATE: _____
PER AMOUNT: _____
TOTAL PERMITS: _____
2.00

APPLICANT SIGNATURE: _____
TOTAL PERMITS: _____
2.00

DATE: 1-30-02



APPLICATION FOR
 Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit
FCM - 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. _____ ISSUED _____
 JOB LOCATION 314 E. FRONT
 LOT 23 ORIGINAL PLAT
 (Subdivision or Legal Description)
 ISSUED BY _____
 (Building Official)
 OWNER TIM THAYER PHONE 599-7933
 ADDRESS 514 HOBSON ST
 AGENT GERMANN BLOIS PHONE 592-1806
 ADDRESS 970 OAKWOOD
 USE: Residential Commercial Industrial
 Other _____
 WORK: New Addition Replacement Remodel
 ESTIMATED COST = \$ 24,100

	<u>Base</u>	<u>Plus</u>	<u>Total</u>
<input checked="" type="checkbox"/> Building	\$ _____	\$ _____	\$ _____
<input checked="" 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	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sewer Tap	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp Water	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp Elec.	\$ _____	\$ _____	\$ _____

Additional Plan Review: Structure _____ Hours _____
 Electric _____ Hours _____
 TOTAL FEES \$ _____
 Less Fees Paid \$ _____
 BALANCE DUE \$ _____

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard
	<u>82.50x165</u>	<u>13,612</u>	<u>128'</u>	<u>8' - 24.5'</u>	<u>12'</u>
Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date	

WORK INFORMATION

Building: Ground Floor Area _____ sq. ft. Basement Floor Area _____ sq. ft.
 Average Floor Area 1250 sq. ft. 2nd Floor Area _____ sq. ft. Other _____ sq. ft.
 Size: Length 25' Width 50' Stories 1 Height _____
 Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: _____

ELECTRICAL: Contractor JIM SPEISER Phone _____

Address _____ ESTIMATED COST = \$ _____

Type of Work: () New () Service Change () Rewiring () Add'l Wiring TEMPORARY ELEC. REQUIRED - () Yes () No

Size of Service 100AMP Underground _____ Overhead Number of New Circuits 4

Description of Work: MOTR BASE & 24 BREAKER PANEL

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 _____

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 981

DATE ISSUED: 01-30-2002

JOB LOCATION: 314 E FRONT ST

OWNER: THAYER, TIM

OWNER PHONE:

CONTRACTOR: GABLE HTG & A/C

CONTRACTOR PHONE:

WORK DESCRIPTION:

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDDT _____

STRUC _____ ROOF _____ EXT _____

VENT _____ ACCES _____ EGRS _____

SMKDT _____ FINAL _____

ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTOR INITIALS: _____

