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

Permit No	833-77 Issi	ued 9/20/77	100		FEES	BASE	PLUS	TOTAL
Job Location	b Location Municipal Park, Glenwood Ave				BUILDING			exity -g
Lot	SW Sec. 14	Napoleon, Ohi or legal discript	.0	ELEC	TRICAL			
Issued By	building official	menberg	- 4	PLUMBING				taling)
	of Napoleon name W. Riverview	tel.		MECH	HANICAL			
	. Schultz & Sch	THE PARTY OF STREET	<b>E</b>	DEMO	DLITION	N	FEE	A SELECTION
bui	ilder-engetc. R. #2 Napoleo:	4-	ZONI	NG			31131	
Description of	of Use Demolish S	Swimming pool	· 中	SIGN				Literate S
& appurt	enant structur	res.	w	ATER	TAP	1110		Panulus S
Residential_	no. dwelling units	21 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a	SI	EWER	TAP	Containe		
Commercial_			CPA LOS			Countries to		Charles In Langua
NewA	dd'nAlter	Remodel		TEMP. ELECT.  ADDITIONAL		Struct.		or Calific
Mixed Occup	ancy		PLAN		(enough) and		1 2 2 3	
Change of Oc	ccupancy	пи даруг			/IEW	Elect.	hrs	C \C = -
Estimated Co	ost \$	Ammura Mana mare		ТОТ	AL FEES.	**************************************	• • • • • • • • • •	Bulletino Cal
		Island Market	E /	LESS	S MIN. FE	ES PAID	te V	Towns 1
	ZONING INFORMAT	TION	7	BALA	ANCE DU	E	1000	NO FEES
district	lot dimensions	area	a III	front	yd	side yds		rear yd
max hgt	no pkg spaces	no ldg spaces	max cov	er	petition	ion or appeal req'd		date appr
	TO CHICAGO	181111	N.			Yollekini Officiality	1 0111	100/3 E
WORK INFOR	RMATION:							
Size: Length_	Width	ries	Ground Floor Area					
Height_	Build	ling Volume (for de	mo. perr	nit) n/	a no f	ees charge	ed.	cu. ft.
Electrical: Di	125	19/77 K.E.L			[2]	System		ou. 1(,
Plumbing:	. 91	brief description /12/77 W.5.		-		Terline Synthetic		
Mechanical:	I PERROD ENTIT	brief description	.en	9 (6)	Orto Sand	DO OMOITOS	чем:	
Sign: type	Dimens	brief description			Sie	gn Area		-
Additional Info	ormation:					gii Alca		8
					0			18
Date 9-20	-77 Applic	ant Signature W	west	11/	Jehur	inhano.	4	
		W.	1		ow	ne -agent		
White-Building	g Department Yellow-Ap	plicant Pink-Electric	al Inspecto	or	Green-Clerk-	Treasurer Gol	ld-County Au	ditor

**Gold-County Auditor** 

## INSPECTION RECORD

	UNDERGR	OUND			FINAL							
	Туре	Date	Ву	Туре	Date	Ву	Туре	Date	Ву	1300	Date	Ву
PLUMBING	Building Drains			Drainage, Waste & Vent Piping			Indirect Vaste			Drainage, Waste & Vent Piping		_
	Water Piping									Backflow Prevention		
	Building Sewer			Water Piping			Condensate Lines			Water Heater		
	<u>Jewer</u>						7					
	Sewer Connection									FINAL APPROVAL		
MECHANICAL	Refrigerant			Refrigerant Piping			Chimney(s)			Grease Exhaust System		,
	Piping			Duct Furnace(s)			Fire Dampers	Λ		Air Cond. Unit(s)		
	Ducts/ Plenums		7	Ducts/ Plenums			□ Radiant Htr(s) □ Unit Htr(s)			Refrigeration Equipment		
	Flenums			Duct Insulation			Pool Heater			Furnace(s)		
		1		Combustion Products Vents			Ventilation  ☐ Supply ☐ Exhst.			FINAL APPROVAL		
ELECTRICAL	Conduits & or Cable			Conduits/ Cable			□ Range □ Dryer		T	Temp Service Temp Lighting		
	Grounding & or Bonding			Rough Wiring			☐ Generator(s) ☐ Motors			Fixtures Lampholders		
	Floor Ducts Raceways			Service Panel Switchboard			□ Water Htr □ Welder			Signs		
	Service Conduit			Busways Ducts			□ Heaters □ Heat Cable			Electric Mtr. Clearance		
	Temporary Power Pole			Subpanels			□ Duct Htr(s) □ Furnace(s)			FINAL APPROVAL		
_	Location, Set- backs, Esmt(s)			Exterior Wall Construction			Roof Covering Roof Drainage			Smoke Detector		
	Excavation						Exterior Lath			Demolition	12/	B
BUILDING	Footings & Reinforcing						☐ Interior Lath☐ Wallboard					
	Floor Slab			Interior Wall Construction			Fire Wall(s)			Building or Structure		
	Foundation Walls			Columns & Supports			Fireplace Chimney					
	Sub-soil Drain			Crawl Space  □ Vent □ Access			Attic			EINIAL ADDDOVAL	141	
	Piles			Floor System(s)						FINAL APPROVAL BLDG. DEPT.  Certificate of	17	to
				Roof System			Special Insp Reports Rec'd	C	and the same of	Occupancy Issued	No.	
		INSP	ECT	IONS, CORRECTION	ONS, I	ETC.	INS	PECT	ION	s, CORRECTIONS,	ETC	1
=												
ŽVO.												-
ADDITIONAL											-	
4				Marin J.		1						



## Certificate of Insurance

THIS IS TO CERTIFY that the company indicated by an "x" has issued the policy or policies described below. The insurance afforded is only with respect to the coverages indicated by specific limits of liability and this certificate of insurance neither affirmatively nor negatively amends, extends nor alters the

THE OHIO CASUALTY INSURANCE COMPANY

AMERICAN FIRE AND CASUALTY COMPANY

WEST AMERICAN INSURANCE COMPANY

NAMED INSURED and ADDRESS

Midwestern, Inc. 6015 Manning Road Miamisburg, Ohio

45342

CERTIFICATE ISSUED TO NAME and ADDRESS

City of Napoleon 235 Riverview Street Napoleon, Ohio 43545

LOCATION OF OPERATIONS

DESCRIPTION OF OPERATIONS

Contract Date: 8-6-77

Contract Amount: \$309,260.00

KIND OF INSURANCE	POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY						
COMPREHENSIVE	HOMDER		BODILY INJURY	PROPERTY DAMAGE					
GENERAL	CAG895694	From 1-1-75	\$ 300 ,000 Each occurrence	\$ 100 ,000 Each occurrence					
LIABILITY		To 1-1-78	\$ 300 ,000 Aggregate	\$ 100 ,000 Aggregate					
MANUFACTURERS' AND		From	\$ ,000 Each occurrence	\$ .000 Fach occurrence					
CONTRACTORS' LIABILITY		To	,ooo Lach occurrence	,					
OWNERS', LANDLORDS'		From	\$ ,000 Each occurrence	7-11-11-00-1-04-10					
AND TENANTS' LIABILITY		То	y jood Lacii decuirence	, , , , , , , , , , , , , , , , , , , ,					
CONTRACTUAL	11	From **	\$ 300 ,000 Each occurrence	\$ ,000 Aggregate \$ 100 ,000 Each occurrence					
LIABILITY		То	, ,000 22011 00001101100	\$ 100 ,000 Aggregate					
COMPLETED OPERATIONS	#1	From **	\$ 300 ,000 Each occurrence	\$ 100 ,000 Each occurrence					
AND PRODUCTS LIABILITY		То	\$ 300 ,000 Aggregate	\$ 100 ,000 Aggregate					
OWNERS' OR CONTRACTORS'		From	\$ ,000 Each occurrence	\$ .000 Each occurrence					
PROTECTIVE LIABILITY		То	y jood Lack occurrence	, , , , , , , , , , , , , , , , , , , ,					
COMPREHENSIVE	11	From	\$ 100 ,000 Each person	\$ ,000 Aggregate \$ 100 ,000 Each occurrence					
AUTOMOBILE		To	\$ 300 ,000 Each occurrence	4 100 ,000 Each occurrence					
LIABILITY			. Jes Lasii sasaiteinee						
OTHER:		From							
	ļ.	То							
UMBRELLA		From							
		To	•	000 000					
MULTI-PERIL		From	\$	,000,000 Single Limit					
		To	\$	Each occurrence					
WORKMEN'S		From	COMPENSATION-STATUTORY-STATE(S)						
COMPENSATION		To	Employers' Liability — \$						

In the event of cancellation of these policies written notice will be mailed to the party to whom this certificate is issued but no esponsibility is assumed by reason of any failure to do so.

James A. Lept Insurance

DATE: September 7, 1977

BY:

NUTHORIZED REPRESENTATIVE

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This is to certify that the following policies, subject to their terms, conditions and exclusions have been issued by this Company.

The Company will mail to the party to whom this Certificate is issued a record of any material change in or cancellation of said policy or policies but takes no responsibility for failure to do so.

NAME AND ADDRESS OF PARTY TO WHOM CERTIFICATE IS ISSUED:

City of Napoleon 235 Riverview Street Napoleon, Ohio 43545 THIS CERTIFICATE OF INSURANCE
NEITHER AFFIRMATIVELY NOR
NEGATIVELY AMENDS, EXTENDS OR
ALTERS THE COVERAGE AFFORDED
BY ANY POLICY DESCRIBED HEREIN

NAME AND ADDRESS OF INSURED Midwestern, Inc. 6015 Manning Road Miamisburg, Ohio

45342

KIND OF POLICY **EXPIRATION** LIMITS OF LIABILITY POLICY NUMBER DATE Bodily Injury Property Damage A-Workmen's Provided by Workmen's Compensation Law Compensation Nil State of ..... B-Manufacturers or Each occurrence \$..... Each occurrence Contractors Liability \$..... Aggregate C-Owners or Contractors Each occurrence \$.224000 0..... Each occurrence Protective Liability Aggregate \$..... 0-Owners, Landlords Each occurrence and Tenants Liability Each occurrence \$ ..... E-Comprehensive \$..... Each person Automobile Liability Each occurrence \$..... \$..... Each occurrence Each occurrence Each occurrence \$..... F-Comprehensive Aggregate \$...... \$..... Aggregate General Liability Products Completed Operations | Included ☐ Excluded Personal Injury, Property Damage and Advertising Liability CCC2821666 2-10-79 G-Umbrella Liability \$ 1,000,000. Each occurrence \$ 1,000,000, Retained Limit Aggregate \$. 10,000. Excess of Primary Policies shown in Schedule A or Retained Limit

Location of Risk and Description of Operations:

Contract Date: 8-6-77

Contract Amount: \$309,260.00

Description of Specific Contract(s) for which Certificate is issued (Indicate Types of Agreements, Party or Parties, and Dates):

This Certificate is not a Binder or Policy of Insurance. The agreements of this Company are expressed only in the actual policy contract(s).



THE Cincinnati Insurance Company CINCINNATI, OFFICE COMPANY

September 7, 1977

Authorized Representative

Form LC 1024 2/73

