

# PERMIT

## CITY OF NAPOLEON - BUILDING DEPARTMENT

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

Permit No. 833-77 Issued 9/20/77  
date

Job Location Municipal Park, Glenwood Ave  
address

Lot SW 1/4 Sec. 14 Napoleon, Ohio  
sub-div or legal discript

Issued By Ronald D. Sonnenberg  
building official

Owner City of Napoleon 592-4010  
name tel.

Address 255 W. Riverview Ave.

Agent J. A. Schultz & Sons. 592-3946  
builder-eng.-etc. tel.

Address R. R. #2 Napoleon, Ohio

Description of Use Demolish Swimming pool  
& appurtenant structures.

Residential \_\_\_\_\_  
no. dwelling units

Commercial XX Industrial \_\_\_\_\_

New \_\_\_\_\_ Add'n. \_\_\_\_\_ Alter \_\_\_\_\_ Remodel \_\_\_\_\_

Mixed Occupancy \_\_\_\_\_

Change of Occupancy \_\_\_\_\_

Estimated Cost \$ \_\_\_\_\_

FEES	BASE	PLUS	TOTAL
BUILDING	/	/	/
ELECTRICAL			
PLUMBING			
MECHANICAL			
DEMOLITION	NO	FEES	
ZONING	/	/	/
SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____	hrs _____	
	Elect. _____	hrs _____	
TOTAL FEES.....			
LESS MIN. FEES PAID _____			
BALANCE DUE.....			NO FEES

### ZONING INFORMATION

N/A

district	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) n/a no fees charged. \_\_\_\_\_ cu. ft.

Electrical: Disconnected 9/19/77 K.E.L.  
brief description

Plumbing: \_\_\_\_\_ 9/12/77 W.S.  
brief description

Mechanical: \_\_\_\_\_  
brief description

Sign: \_\_\_\_\_ Dimensions \_\_\_\_\_ Sign Area \_\_\_\_\_  
type

Additional Information: \_\_\_\_\_

Date 9-20-77 Applicant Signature Rupert W. Schweinhagen  
owner-agent





# 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 coverage afforded by any policy described herein.

- 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

DESCRIPTION OF OPERATIONS	LOCATION OF OPERATIONS
Contract Date: 8-6-77 Contract Amount: \$309,260.00	

KIND OF INSURANCE	POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY	
			BODILY INJURY	PROPERTY DAMAGE
COMPREHENSIVE GENERAL LIABILITY	CAG895694	From 1-1-75 To 1-1-78	\$ 300 ,000 Each occurrence \$ 300 ,000 Aggregate	\$ 100 ,000 Each occurrence \$ 100 ,000 Aggregate
MANUFACTURERS' AND CONTRACTORS' LIABILITY		From To	\$ ,000 Each occurrence	\$ ,000 Each occurrence \$ ,000 Aggregate
OWNERS', LANDLORDS' AND TENANTS' LIABILITY		From To	\$ ,000 Each occurrence	\$ ,000 Each occurrence \$ ,000 Aggregate
CONTRACTUAL LIABILITY	"	From " To "	\$ 300 ,000 Each occurrence	\$ 100 ,000 Each occurrence \$ 100 ,000 Aggregate
COMPLETED OPERATIONS AND PRODUCTS LIABILITY	"	From " To "	\$ 300 ,000 Each occurrence \$ 300 ,000 Aggregate	\$ 100 ,000 Each occurrence \$ 100 ,000 Aggregate
OWNERS' OR CONTRACTORS' PROTECTIVE LIABILITY		From To	\$ ,000 Each occurrence	\$ ,000 Each occurrence \$ ,000 Aggregate
COMPREHENSIVE AUTOMOBILE LIABILITY	"	From " To "	\$ 100 ,000 Each person \$ 300 ,000 Each occurrence	\$ 100 ,000 Each occurrence
OTHER:		From To		
UMBRELLA		From To		
MULTI-PERIL		From To	\$ ,000,000	Single Limit Each occurrence Aggregate
WORKMEN'S COMPENSATION		From To	COMPENSATION-STATUTORY-STATE(S) 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 responsibility is assumed by reason of any failure to do so.

DATE: September 7, 1977

BY

James A. Lent Insurance

AUTHORIZED REPRESENTATIVE



STATE OF TEXAS

COUNTY OF ...

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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

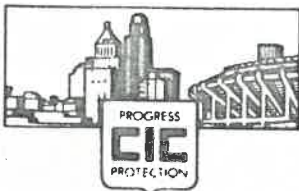
KIND OF POLICY	POLICY NUMBER	EXPIRATION DATE	LIMITS OF LIABILITY	
			Bodily Injury	Property Damage
A—Workmen's Compensation			Provided by Workmen's Compensation Law State of .....	Nil
B—Manufacturers or Contractors Liability			Each occurrence \$..... Aggregate \$.....	Each occurrence \$..... Aggregate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

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, OHIO

Dated September 7, 1977  
James A. Lent Insurance

By *James A. Lent*  
Authorized Representative

RECEIVED

SEP 13 1977

CITY OF NAPOLEON, OHIO  
NAPOLEON, OHIO