

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: 1375

DATE ISSUED: 10-16-02

ISSUED BY: MRD

JOB LOCATION: 857 E GRACEWAY DR

EST. COST: 20000.00

LOT #:

SUBDIVISION NAME:

OWNER: HARC
ADDRESS: 135 E MAUMEE AVE
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-2892

AGENT: MEDI-CARE ORTHOPEDIC
ADDRESS: 1900 W STATE ST
CSZ: FREMONT, OH 43420
PHONE: 419-332-0892

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

REM. BATHRM NEW RAMP

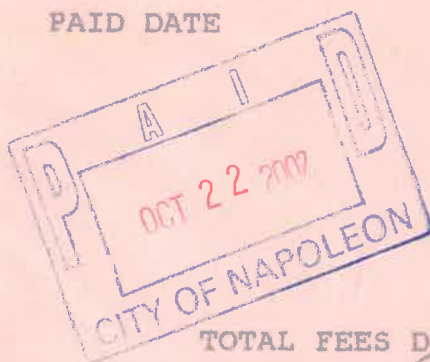
FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT

77.00



TOTAL FEES DUE

77.00

10-22-02

DATE

[Handwritten Signature]

APPLICANT SIGNATURE

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: 1375 DATE ISSUED: 10-16-02 ISSUED BY: MRD
JOB LOCATION: 857 E GRACEWAY DR EST. COST: 20000.00

LOT #: SUBDIVISION NAME:

OWNER: HARC AGENT: MEDI-CARE ORTHOPEDIC
ADDRESS: 135 E MAUMEE AVE ADDRESS: 1900 W STATE ST
CSZ: NAPOLEON, OH 43545 CSZ: FREMONT, OH 43420
PHONE: 419-599-2892 PHONE: 419-332-0892

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:

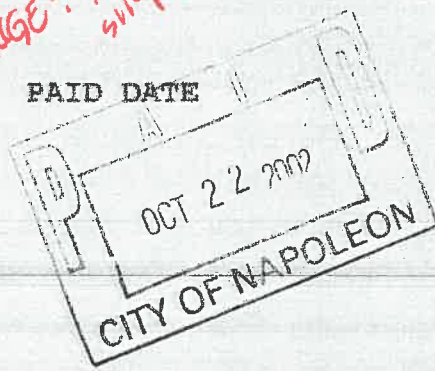
WORK INFORMATION

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

WORK DESCRIPTION
REM. BATHRM NEW RAMP

*Foot Print
CHANGE? NO
SITE PLAN*

FEE DESCRIPTION PAID DATE FEE AMOUNT DUE
BUILDING PERMIT 77.00



TOTAL FEES DUE 77.00

10-22-02
DATE

[Handwritten Signature]
APPLICANT SIGNATURE

CITY OF NAPOLEON OHIO PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITION, REMODELING

*DATE 10-11-02 *JOB LOCATION 857 E. Graceway

LOT.# _____ SUBDIVISION NAME _____

*OWNER HARC *PHONE 419-599-2892

OWNER ADDRESS 135 E. Maumee Ave. *CITY Napoleon ZIP 43545

*CONTRACTOR Medi-Care Orthopedic PHONE 419-332-0892

*CONTRACTOR ADDRESS 1900 W. State St. CITY Fremont ZIP 43420

*CONTRACTOR FAX # 419-334-1367 CELL PHONE (Opt.) _____

*DESCRIPTION OF WORK TO BE PERFORMED: Bathroom Modification & Ramps

*ESTIMATED COST OF WORK TO BE PERFORMED: Approx. \$20,000.00

WORK INFORMATION

Total sq. ft. 2056

BUILDING: Basement Floor Area _____ Sq. Ft. 1st Story Living Area _____ Sq. Ft.

2nd Floor Living Area _____ Sq. Ft. Garage Floor Area _____ Sq. Ft.

BUILDING SIZE: Length _____ Width _____ Stories 1 Height _____ DEMO VOL _____

Masonry Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Electrical Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Plumbing Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Hearing Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Insulation Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Other Contractor attach information.

ZONING INFORMATION (to be completed by City): District _____ Lot Dimensions _____
Lot Area _____ FRSB _____ SYSB _____ RYSB _____ Max Ht _____ R Max Cov _____ %

I, the signatory below agree to comply with all applicable City of Napoleon Codes & Ordinances while performing the work herein described. I understand that all work for which a permit is issued is required to be approved by the building inspector of the City of Napoleon.

* Applicant Signature Amy Lynch * Date 10-11-02

Please complete one of these forms

12/6/21

HOUSE

5'6" X 10'6" PLATFORM

EXISTING PORCH

BUSHES

12' RAMP

EXISTING CONCRETE SIDEWALK

12" rise

GRASS

MEDICARE ORTHOPEDIC
1900 W. STATE ST.
FREMONT, OH 43420

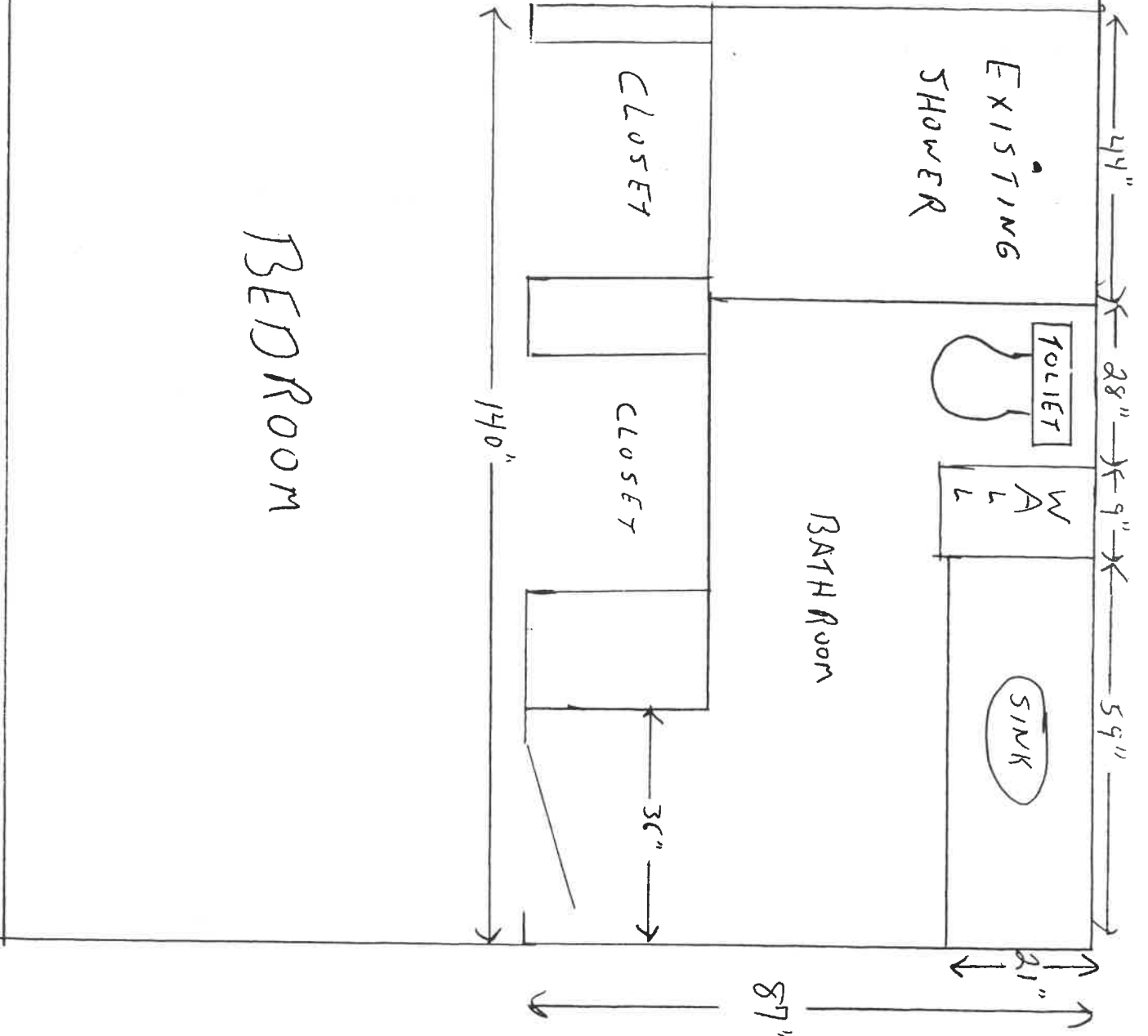
TOVAR, IRMA
857 E. GRACEWAY
NAPOLEON, OHIO 43545

JOB # PH071002C

B10 # 829

D R I V E W A Y

27/27



BED ROOM

BATH ROOM

EXISTING
SHOWER

TOILET

V
A
N
I
T
Y

SINK

CLOSET

CLOSET

36"

140"

44"

28"

9"

54"

21"

87"

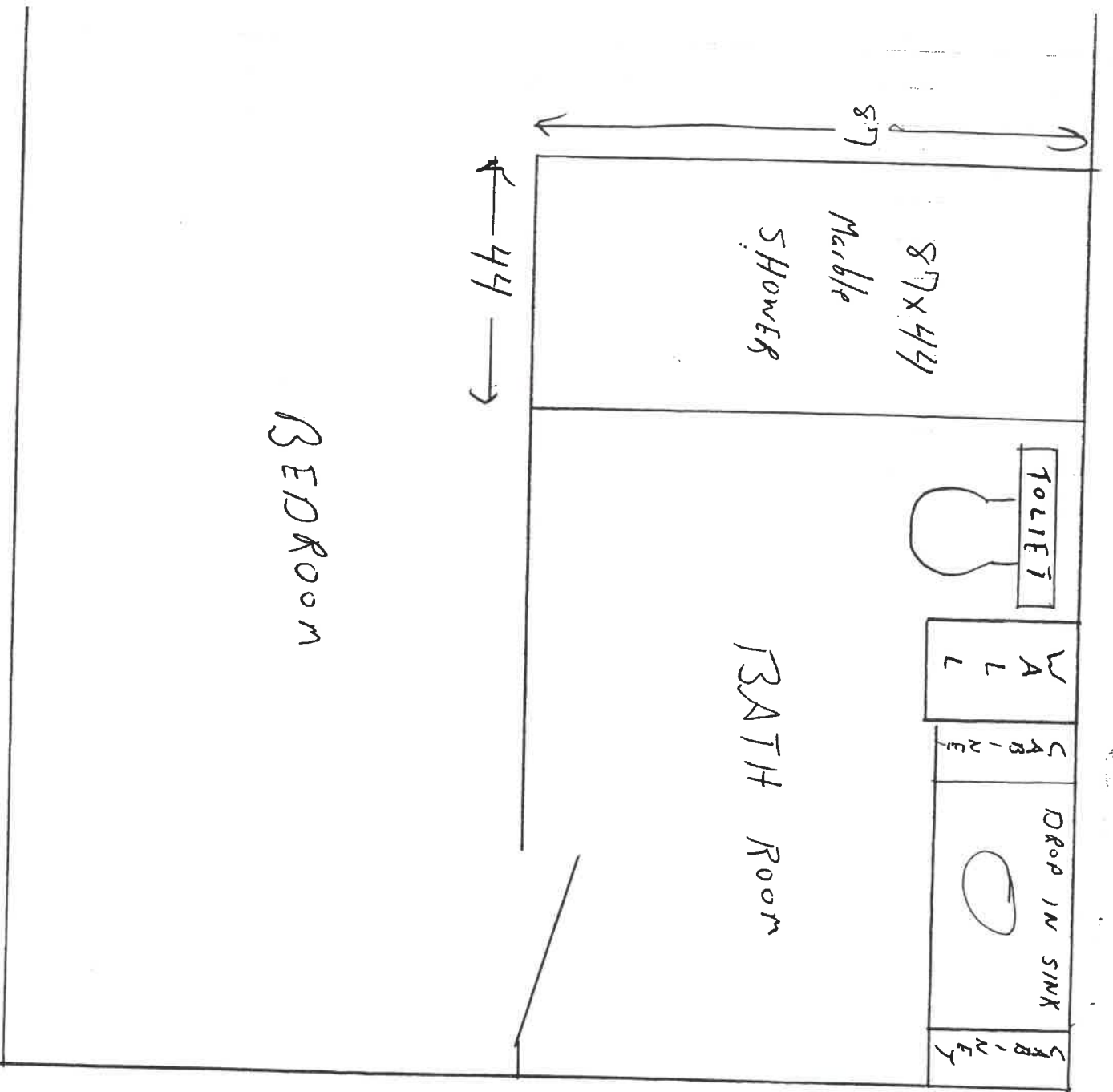
BEFORE

310 # 11

JOB # PH071002C

TOVAR, IRMA
857 E. GRACEWAY
NAPOLEON, OH 43545

MEDI-CARE ORTHOPEDIC
1900 W. STATE ST.
FREMONT, OH 43420



Tovar, Irma
 857 E. Graceway
 Napoleon, OH 43545

JOBS # PH071002C

BID # 12

AFTER

MEDICARE ORTHOPEDIC
 1900 W. STATE ST.
 FREMONT, OH 43420

SEP 13 2012

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1375

DATE ISSUED: 10-16-2002

JOB LOCATION: 857 E GRACEWAY DR

OWNER: HARC

OWNER PHONE: 419-599-2892

CONTRACTOR: MEDI-CARE ORTHOPEDIC

CONTRACTOR PHONE: 419-332-0892

WORK DESCRIPTION: REM. BATHRM NEW RAMP

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: _____

