

PERMIT
 CITY OF NAPOLEON, OHIO - BUILDING DEPARTMENT
 255 West Riverview Avenue, Napoleon, Ohio 43545 - (419) 592-4010

Permit No. 2539 Issued 1-13-92
 Job Location 903 East Graceway
 Lot _____
 Issued by Brent N. Damman
 Owner Celia Dielman 592-7691
 Address 903 East Graceway, Napoleon, Ohio
 Agent Key Construction 537-6911
 Address 226 S. Reynolds Road, Toledo, Ohio 43615
 Use Type - Residential xx
 Other - Describe _____
 No. Dwelling Units 1
 New _____ Replacement _____
 Add'n. _____ Alter _____ Remodel xx
 Mixed Occupancy _____
 Change of Occupancy _____
 Estimated Cost \$ 9685.00

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> Building	\$ 9.00	\$ 48.00	\$ 57.00
<input type="checkbox"/> Electrical	\$	\$	\$
<input type="checkbox"/> Plumbing	\$	\$	\$
<input type="checkbox"/> Mechanical	\$	\$	\$
<input type="checkbox"/> Demolition	\$	\$	\$
<input type="checkbox"/> Zoning	\$	\$	\$
<input type="checkbox"/> Sign	\$	\$	\$
<input type="checkbox"/> Water Tap	\$	\$	\$
<input type="checkbox"/> Sew. Insp.	\$	\$	\$
<input type="checkbox"/> Sewer Tap	\$	\$	\$
<input type="checkbox"/> Temp. Water	\$	\$	\$
<input type="checkbox"/> Temp. Elec.	\$	\$	\$
TOTAL FEES.....			\$ 57.00
LESS FEES PAID.....			\$
BALANCE DUE.....			\$ 57.00

ZONING INFORMATION

district	lot dimensions		area	front yd	side yd	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) _____

Electrical: _____

Plumbing: _____

Mechanical: _____

Additional Information: New steel siding.

PAID

JAN 17 1992

CITY OF NAPOLEON

Date 1-13-92 Applicant Signature _____

INSPECTION RECORD

UNDERGROUND			ROUGH-IN						FINAL			
Type	Date	By	Type	Date	By	Type	Date	By	Type	Date	By	
PLUMBING	Building Drains			Drainage, Waste & Vent Piping			Indirect Waste			Drainage, Waste & Vent Piping		
	Water Piping								Backflow Prevention			
	Building Sewer			Water Piping			Condensate Lines		Water Heater			
	Sewer Connection								FINAL APPROVAL			
MECHANICAL	Refrigerant Piping			Refrigerant Piping			Chimney(s)		Grease Exhaust System			
				Duct Furnace(s)			Fire Dampers		Air Cond. Unit(s)			
	Ducts/ Plenums			Ducts/ Plenums			<input type="checkbox"/> Radiant Htr(s) <input type="checkbox"/> Unit Htr(s)		Refrigeration Equipment			
				Duct Insulation			Pool Heater		Furnace(s)			
				Combustion Products Vents			Ventilation <input type="checkbox"/> Supply <input type="checkbox"/> Exhst.		FINAL APPROVAL			
ELECTRICAL	Conduits & or Cable			Conduits/ Cable			<input type="checkbox"/> Range <input type="checkbox"/> Dryer		Temp Service Temp Lighting			
	Grounding & or Bonding			Rough Wiring			<input type="checkbox"/> Generator(s) <input type="checkbox"/> Motors		Fixtures Lampholders			
	Floor Ducts Raceways			Service Panel Switchboard			<input type="checkbox"/> Water Htr <input type="checkbox"/> Welder		Signs			
	Service Conduit			Busways Ducts			<input type="checkbox"/> Heaters <input type="checkbox"/> Heat Cable		Electric Mtr. Clearance			
	Temporary Power Pole			Subpanels			<input type="checkbox"/> Duct Htr(s) <input type="checkbox"/> Furnace(s)		FINAL APPROVAL			
BUILDING	Location, Set-backs, Esmt(s)			Exterior Wall Construction			Roof Covering Roof Drainage		Smoke Detector			
	Excavation						Exterior Lath		Demolition (sewer cap)			
	Footings & Reinforcing						<input type="checkbox"/> Interior Lath <input type="checkbox"/> Wallboard					
	Floor Slab			Interior Wall Construction			Fire Wall(s)		Building or Structure			
	Foundation Walls			Columns & Supports			Fireplace Chimney					
	Sub-soil Drain			Crawl Space <input type="checkbox"/> Vent <input type="checkbox"/> Access			Attic <input type="checkbox"/> Vent <input type="checkbox"/> Access					
	Piles			Floor System(s)					FINAL APPROVAL BLDG. DEPT.			
			Roof System			Special Insp Reports Rec'd		Certificate of Occupancy Issued				
ADDITIONAL	INSPECTIONS, CORRECTIONS, ETC.						INSPECTIONS, CORRECTIONS, ETC.					

Siding 7/17/30

CITY OF WASHINGTON
 DEPARTMENT OF...
 ...

APPLICATION
for
RESIDENTIAL, BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, PERMITS AND DEMOLITION
from the
CITY OF NAPOLEON - BUILDING DEPARTMENT
255 West Riverview Avenue, Napoleon, Ohio 43545 - Phone 419-592-4010

Entry No. _____		<u>BASE</u>	<u>PLUS</u>	<u>TOTAL</u>
Permit No. <u>2539</u> Issued <u>1-13-92</u> :	<input checked="" type="checkbox"/> Building	\$ <u>9.00</u>	\$ <u>48.00</u>	\$ <u>57.00</u>
Job Location <u>903 E. Graceway</u> :	<input type="checkbox"/> Electrical	\$ _____	\$ _____	\$ _____
Lot _____ :	<input type="checkbox"/> Plumbing	\$ _____	\$ _____	\$ _____
sub-div or legal description _____ :				
Issued by <u>BND</u> _____ :	<input type="checkbox"/> Mechanical	\$ _____	\$ _____	\$ _____
Building Official _____ :				
Owner <u>Celia Dielman</u> Phone <u>572-7691</u> :	<input type="checkbox"/> Demolition	\$ _____	\$ _____	\$ _____
Address <u>903 E. Graceway Napoleon</u> :	<input type="checkbox"/> Zoning	\$ _____	\$ _____	\$ _____
Agent <u>Key Construction</u> Phone <u>537-6911</u> :	<input type="checkbox"/> Sign	\$ _____	\$ _____	\$ _____
Address <u>226 S. Reynolds Rd. Toledo, OH</u> :	<input type="checkbox"/> Water Tap	\$ _____	\$ _____	\$ _____
<u>43615</u> :	<input type="checkbox"/> Sewer Tap	\$ _____	\$ _____	\$ _____
Description of Use <u>Residential</u> :	<input type="checkbox"/> Temp Water	\$ _____	\$ _____	\$ _____
Residential <u>1</u> _____ :	<input type="checkbox"/> Temp Elec.	\$ _____	\$ _____	\$ _____
(number dwelling units) _____ :				
Commercial _____ Industrial _____ New _____ :	Additional Structure _____	_____	_____	Hours _____
New _____ Addition _____ Replacement _____ Remodel <input checked="" type="checkbox"/> _____ :	Plan _____			
Mixed Occupancy _____ Change of Occupancy _____ :	Review Electric _____	_____	_____	Hours _____
Estimated Cost: \$ <u>9685.00</u> :	TOTAL FEES -----			\$ <u>57.00</u>
_____ :	Less Fees Paid (date) _____			\$ _____
_____ :				
<u>ZONING INFORMATION:</u> _____ :	BALANCE DUE -----			\$ <u>57.00</u>

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

Max. Hgt.	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required/Date

WORK INFORMATION:

Building - Garage Floor Area _____ Basement Floor Area _____ 2nd Floor Area _____

Size - Length _____ Width _____ Stories _____ Ground Floor Area _____

Height _____ Building Volume (For Demolition Permit) _____ cubic feet

Description of Work: New Steel Siding.

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JAN 17 1992
CITY OF NAPOLEON

ELECTRICAL: Electrical Contractor _____ Phone _____

Address _____ Estimated Cost: \$ _____

Type of Work: New _____ Service Change _____ Rewiring _____ Add'l. Wiring _____ Temp. Electric Required: Yes _____ No _____

Size of Service _____ Underground _____ Overhead _____ Number of New Circuits _____

Description of Work: _____

PLUMBING: 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 _____

St. Sewer Tap Req.: Yes _____ No _____ Size _____ 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 _____ Dishwasher _____

Clothes Washer _____ Floor Drains _____ Other (Fixtures/Type): _____

Description of Work: _____

MECHANICAL: 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 Pipe _____ Two Pipe _____ Series Loop _____)

Electric Heat: (No. of Circuits _____) No. of Furnaces _____ No. of Hot Air Runs _____

No. 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 set 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 also, 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.

Dated _____ Signature of Applicant _____