

# PERMIT

## CITY OF NAPOLEON - BUILDING DEPARTMENT

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

Permit No. 02108 Issued 9/26/90  
date

Job Location 940 East Graceway  
address

Lot 17 Richters 3rd. Addition  
sub-div or legal discript

Issued By Brent N. Damman  
building official

Owner Clyde Rohrbaugh 592-0174  
name tel.

Address 940 East Graceway

Agent self  
builder-eng.-etc. tel.

Address \_\_\_\_\_

Description of Use Residence

\_\_\_\_\_

Residential 1  
no. dwelling units

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

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

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

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

Estimated Cost \$ 5000.00

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	9.00	38.00	47.00
<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			
SEW. INSP.			
SEWER TAP			
TEMP. WATER			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			47.00
LESS MIN. FEES PAID <u>9/26/90</u> <small>date</small>			47.00
BALANCE DUE.....			-0-

### ZONING INFORMATION

district	lot dimensions	area	front yd	side yds	rear yd
A	100' x 80.6 x 104.2	9240	30	7	15
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	
35'	2 per		35%	date appr	

### WORK INFORMATION:

Size: Length \_\_\_\_\_ Width \_\_\_\_\_ Stories \_\_\_\_\_ Ground Floor Area \_\_\_\_\_

Height \_\_\_\_\_ Building Volume (for demo. permit) \_\_\_\_\_ cu. ft.

Electrical: \_\_\_\_\_  
brief description

Plumbing: \_\_\_\_\_  
brief description

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

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

Additional Information: add a screen porch to South side of home.

**PAID**

Date 9/26/90 Applicant Signature Clyde E. Rohrbaugh **SEP 25 1990**  
owner-agent

**CITY OF NAPOLEON**

# INSPECTION RECORD

	UNDERGROUND			ROUGH-IN						FINAL		
	Type	Date	By	Type	Date	By	Type	Date	By	Type	Date	By
<b>PLUMBING</b>	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		
<b>MECHANICAL</b>	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		
<b>ELECTRICAL</b>	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		
<b>BUILDING</b>	Location, Set-backs, Esmt(s)			Exterior Wall Construction	10/8	BD	Roof Covering Roof Drainage	11/5	BD	Smoke Detector		
	Excavation						Exterior Lath			Demolition (sewer cap)		
	Footings & Reinforcing						<input type="checkbox"/> Interior Lath <input type="checkbox"/> Wallboard					
	Floor Slab	10/8	BD	Interior Wall Construction	11/5	BD	Fire Wall(s)			Building or Structure	11/5	BD
	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.	11/5	BD
				Roof System			Special Insp Reports Rec'd			Certificate of Occupancy Issued		
<b>ADDITIONAL</b>	INSPECTIONS, CORRECTIONS, ETC.						INSPECTIONS, CORRECTIONS, ETC.					

APPLICATION  
for  
RESIDENTIAL BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, PERMITS and DEMOLITION PERMIT  
from the  
CITY OF NAPOLEON - BUILDING DEPARTMENT  
255 West Riverview Ave. Napoleon, Ohio 43545 Pn. 419-592-4010

Entry No. \_\_\_\_\_

Permit No. 02108 Issued \_\_\_\_\_

Job Location 940 E. Graceway

Lot 17 Richters 3rd Add.

Issued By B.D.  
sub-div. or legal disc.  
building official

Owner Clyde Rohrbaugh Pn 592-0174

Address 940 E. Graceway

Agent Self Pn \_\_\_\_\_

Address \_\_\_\_\_

Description of Use Residence

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no. dwelling units

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

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

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

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

Estimated Cost \$ 5000.00

\_\_\_\_\_

**-ZONING INFORMATION**

district	lot dimensions	area	front yd	side yds.	rear yd
<u>A</u>	<u>100' x 80.6 x 104.2</u>	<u>9240</u>	<u>30</u>	<u>7</u>	<u>15</u>
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd.	date appr
<u>35'</u>	<u>2 per</u>		<u>35%</u>		

**WORK INFORMATION:**

**BUILDING:** Garage Fl. Area \_\_\_\_\_ Basement Fl. Area \_\_\_\_\_ Second Floor Area \_\_\_\_\_

Size: Length \_\_\_\_\_ Width \_\_\_\_\_ Stories \_\_\_\_\_ Ground Floor Area \_\_\_\_\_

Height \_\_\_\_\_ Building Volume (for demo. permit) \_\_\_\_\_ cu. ft.

Description of Work: add a screen porch to south side of home.

City Permits Reg.	Base	Fees Plus	Total
<input checked="" type="checkbox"/> Building	<u>9.00</u>	<u>38.00</u>	<u>47.00</u>
<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"/> Sewer Tap	_____	_____	_____
<input type="checkbox"/> Temp. Water	_____	_____	_____
<input type="checkbox"/> Temp. Elec.	_____	_____	_____
Additional plan review	struc. _____ hrs	Elect. _____ hrs	
Total Fees.....			<u>\$ 47.00</u>
Less Min. Fees Pd. <u>9-26-90</u>			<u>\$ 47.00</u>
		date	
Balance Due.....			_____

**PAID**

SEP 25 1990

CITY OF NAPOLEON

Continue on Back Side for Electrical, Plumbing and Mechanical and other Information;

ELECTRICAL: Electrical Contractor \_\_\_\_\_ Pn. \_\_\_\_\_

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

Type of work: New \_\_\_\_\_ Service change \_\_\_\_\_ Rewiring \_\_\_\_\_ Additional Wiring \_\_\_\_\_ Temp. Elec. Req. \_\_\_\_\_

Size of service \_\_\_\_\_ Underground \_\_\_\_\_ Overhead \_\_\_\_\_ No. of new circuits \_\_\_\_\_

Description of work: \_\_\_\_\_

PLUMBING: Plumbing Contractor \_\_\_\_\_ Pn. \_\_\_\_\_

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

Water Tap Req. \_\_\_\_\_ Size \_\_\_\_\_ Type of Pipe \_\_\_\_\_ Water Dist. Pipe \_\_\_\_\_  
yes no

San. Sewer Tap Req. \_\_\_\_\_ Size \_\_\_\_\_ Type of Pipe \_\_\_\_\_ Dr. Waste Vt. Pipe \_\_\_\_\_  
yes no

St. Sewer Tap Req. \_\_\_\_\_ 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 \_\_\_\_\_ No. \_\_\_\_\_

Description of Work: \_\_\_\_\_

MECHANICAL: Mechanical Contractor \_\_\_\_\_ Pn. \_\_\_\_\_

Address \_\_\_\_\_ Estimated Cost \_\_\_\_\_

Heating Systems: Forced Air \_\_\_\_\_ Gravity \_\_\_\_\_ Hot Water \_\_\_\_\_ Steam \_\_\_\_\_ Unit Heaters \_\_\_\_\_ Radiant \_\_\_\_\_ Baseboard \_\_\_\_\_

Type of Fuel: Electric \_\_\_\_\_ Natural Gas \_\_\_\_\_ Propane \_\_\_\_\_ Wood \_\_\_\_\_ Coal \_\_\_\_\_ Solar \_\_\_\_\_ Geothermal \_\_\_\_\_ Other \_\_\_\_\_

No. 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 \_\_\_\_\_ Other \_\_\_\_\_

Description of Work \_\_\_\_\_

**DRAWINGS REQUIRED:** All Applications must be Accompanied by Two Complete sets of Drawings Including SITE PLAN, FOUNDATION PLAN, FLOOR PLANS, STRUCTURAL FRAMING PLANS, EXTERIOR ELEVATIONS, SECTIONS and DETAILS, STAIR DETAILS, ELECTRICAL LAYOUT, PLUMBING ISOMETRIC, HEATING LAYOUT ETC. All plans shall be DRAWN TO SCALE. Show all existing structures on the site plan 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 Dept. Rules and Regulations, Standard Specifications and other Pertinent Sections of the Napoleon Code of Ordinances.

Date 01/19 \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Application not valid without signature

RECEIVED TO THE

N ↑

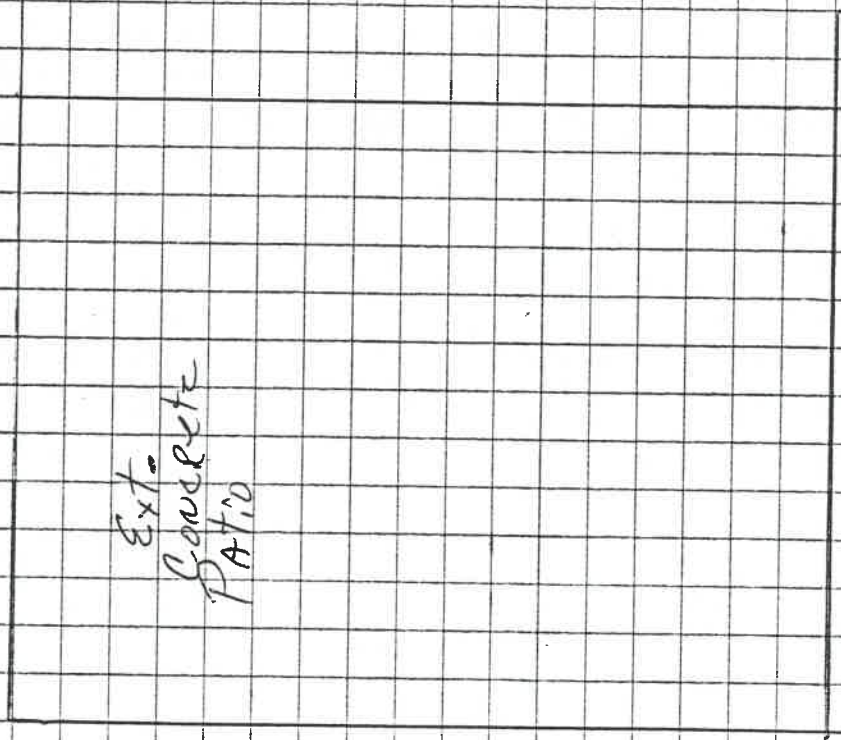
West

37' 5"  
TO ROAD

House



Ext.  
Concrete  
Patio

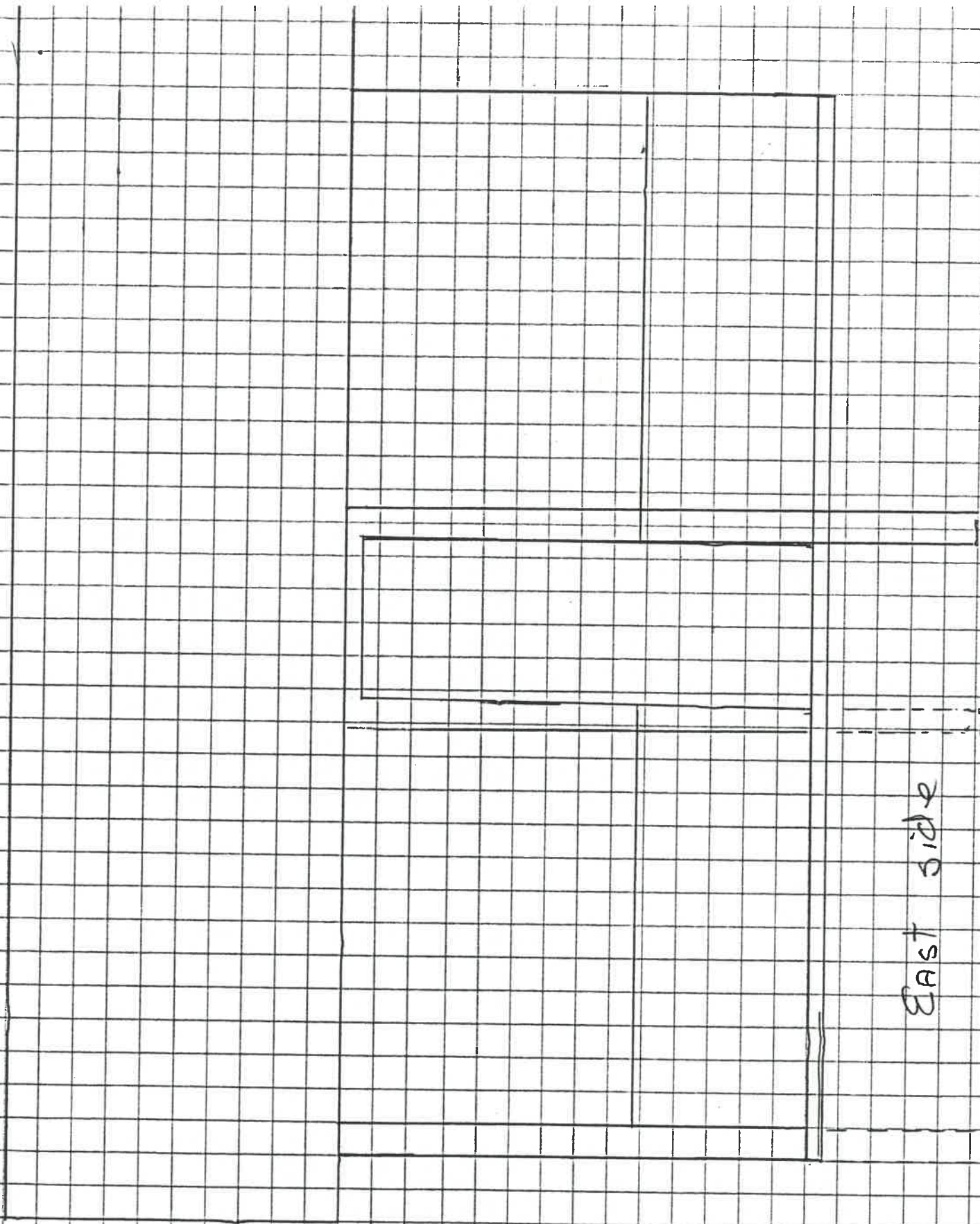


South

16' TO ~~AS~~ ALLEY

Cyde Rolibaugh \$5000.00

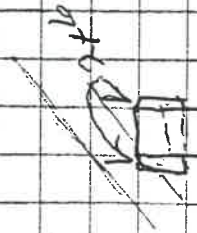




East side







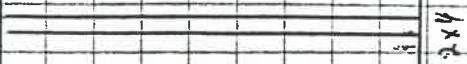
9x9

ms



9x9  
X

9x9



4x4

X

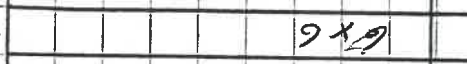
9x9



4x4

X

9x9

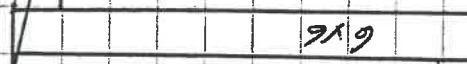


4x4

X

X

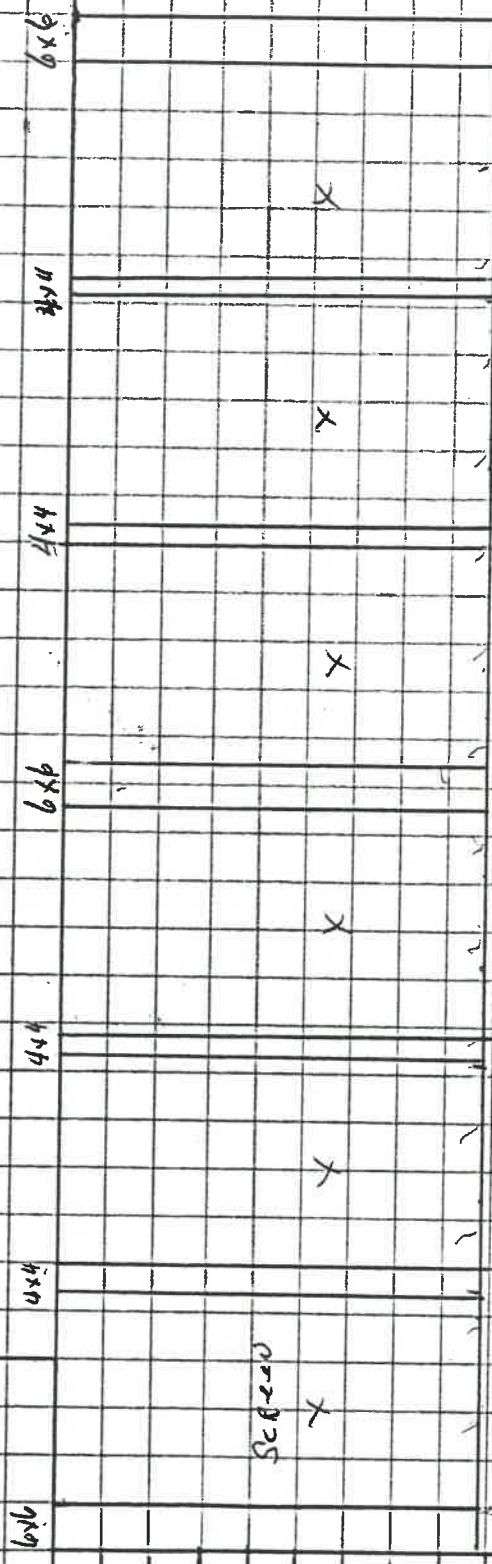
9x9



4x4

18'  
South Side





Screw

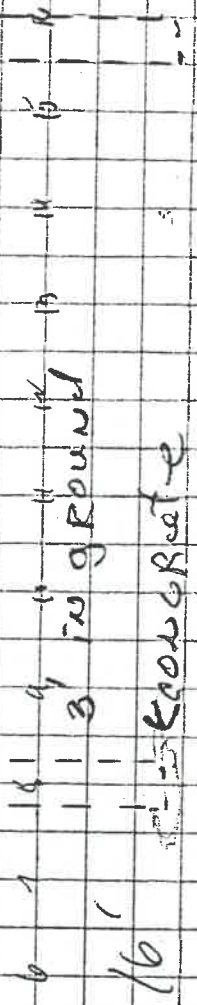
2x4 on 16"  $\phi$

Concrete

West Side

3' in ground

1-5 concrete





**STATE OF OHIO**  
**BUREAU OF WORKERS' COMPENSATION**  
COLUMBUS, OHIO 43215  
**CERTIFICATE OF PREMIUM PAYMENT**

This certifies that the employer listed below has paid into the State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified.

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED.

RISK NO. AND EMPLOYER

PERIOD SPECIFIED BELOW

0405495

01-01-94 THRU 08-31-94

FORT CONSTRUCTION CO INC  
2020 HOLLAND-SYLVANIA RD.  
TOLEDO OH 43615

BWC-1622 (Rev. 9/92)  
DP-22

*Wes Trinkle*  
CEO/ADMINISTRATOR

THIS CERTIFICATE MAY BE REPRODUCED AS NEEDED



# ACORD CERTIFICATE OF INSURANCE

CSR JS ISSUE DATE (MM/DD/YY)  
**FORTC-1** 04/20/94

**PRODUCER**  
 Daniel James Insurance (OH)  
 360 Three Meadows Drive  
 Perrysburg OH 43551  
 Sam Hammons (R)  
 419-874-1974

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

## COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** GRE  
 COMPANY LETTER **B**  
 COMPANY LETTER **C**  
 COMPANY LETTER **D**  
 COMPANY LETTER **E**

**INSURED**  
 Fort Construction Co. Inc.  
 DBA Window World  
 Robert Ullrich  
 2008 Holland-Sylvania Road  
 Toledo OH 43615

### COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A X	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. OWNER'S & CONTRACTOR'S PROT.	61-905750	07/13/93	07/13/94	GENERAL AGGREGATE \$ 1,000,000
					PRODUCTS-COMP/OP AGG. \$ 1,000,000
					PERSONAL & ADV. INJURY \$ 1,000,000
					EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED. EXPENSE (Any one person) \$ 5,000
A X	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY	61-905750	07/13/93	07/13/94	COMBINED SINGLE LIMIT \$ 500,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE \$
A X	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM	61-905750	07/13/93	07/13/94	EACH OCCURRENCE \$ 1,000,000
					AGGREGATE \$ 1,000,000
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE— POLICY LIMIT \$
					DISEASE— EACH EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

### CERTIFICATE HOLDER

City of Napoleon  
 255 W. Riverview  
 Napoleon OH 43545

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
 Sam Hammons (R)

*Samuel Hammons III*

