

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

Permit No. <u>3384</u> Issued <u>10/21/94</u> Job Location <u>809 W. Graceway</u> Lot _____ Issued by <u>Brent N. Damman</u> Owner <u>Maurice Heximer 592-8242</u> Address <u>809 W. Graceway</u> Agent <u>Elling P. &amp; H. 598-8991</u> Address <u>T-487 St. Rt. 108</u> Use Type - Residential <u>X</u> Other - Describe _____ No. Dwelling Units _____ New _____ Replacement <u>X</u> Add'n. _____ Alter _____ Remodel _____ Mixed Occupancy _____ Change of Occupancy _____ Estimated Cost \$ <u>1500.00</u>	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">FEES</th> <th style="text-align: right;">BASE</th> <th style="text-align: right;">PLUS</th> <th style="text-align: right;">TOTAL</th> </tr> <tr> <td><input type="checkbox"/> Building</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Electrical</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Plumbing</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Mechanical</td> <td style="text-align: right;">\$ <u>18.00</u></td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ <u>18.00</u></td> </tr> <tr> <td><input type="checkbox"/> Demolition</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Zoning</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Sign</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Water Tap</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Sew. Insp.</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Sewer Tap</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Temp. Water</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Temp. Elec.</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL FEES.....</td> <td style="text-align: right;">\$ <u>18.00</u></td> </tr> <tr> <td colspan="3" style="text-align: right;">LESS FEES PAID.....</td> <td style="text-align: right;">\$ <u>18.00</u></td> </tr> <tr> <td colspan="3" style="text-align: right;">BALANCE DUE.....</td> <td style="text-align: right;">\$ <u>-0-</u></td> </tr> </table>	FEES	BASE	PLUS	TOTAL	<input type="checkbox"/> Building	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Electrical	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Plumbing	\$ _____	\$ _____	\$ _____	<input checked="" type="checkbox"/> Mechanical	\$ <u>18.00</u>	\$ _____	\$ <u>18.00</u>	<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.....			\$ <u>18.00</u>	LESS FEES PAID.....			\$ <u>18.00</u>	BALANCE DUE.....			\$ <u>-0-</u>
FEES	BASE	PLUS	TOTAL																																																														
<input type="checkbox"/> Building	\$ _____	\$ _____	\$ _____																																																														
<input type="checkbox"/> Electrical	\$ _____	\$ _____	\$ _____																																																														
<input type="checkbox"/> Plumbing	\$ _____	\$ _____	\$ _____																																																														
<input checked="" type="checkbox"/> Mechanical	\$ <u>18.00</u>	\$ _____	\$ <u>18.00</u>																																																														
<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.....			\$ <u>18.00</u>																																																														
LESS FEES PAID.....			\$ <u>18.00</u>																																																														
BALANCE DUE.....			\$ <u>-0-</u>																																																														

**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: NEW FURNACE  
 Additional Information: \_\_\_\_\_

**PAID**  
**OCT 24 1994**  
 CITY OF NAPOLEON

Date \_\_\_\_\_ Applicant Signature Earl H. Elling



**APPLICATION FOR**

Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit

FROM - The City of Napoleon, Ohio, Building Department

255 West Riverview Avenue; P.O. Box 151; Napoleon, Ohio 43545 - Telephone (419) 592-4010

ENTRY NO. \_\_\_\_\_

PERMIT NO. 3384 ISSUED 10-21-94

JOB LOCATION: 809 W. Graceway

LOT \_\_\_\_\_  
(Subdivision or Legal Description)

ISSUED BY: BND  
(Building Official)

OWNER: Maurice Heximer PHONE: 592-8242

ADDRESS: 809 W. Graceway Napoleon

AGENT: Elling P+H PHONE: 598-8991

ADDRESS: T-187 St. Rt. 108 Napoleon

USE:  Residential  Commercial  Industrial  
 Other \_\_\_\_\_

WORK:  New  Addition  Replacement  Remodel

ESTIMATED COST = \$ 1500.00

<input type="checkbox"/> Building	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Electrical	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Plumbing	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Mechanical	\$ <u>18.00</u>	\$ _____	\$ <u>18.00</u>
<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: Structure \_\_\_\_\_ Hours \_\_\_\_\_  
Electric \_\_\_\_\_ Hours \_\_\_\_\_

TOTAL FEES	\$ <u>18.00</u>
Less Fees Paid	\$ _____
BALANCE DUE	\$ <u>18.00</u>

**ZONING INFORMATION**

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard
----------	----------------	------	------------	-----------	-----------

Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date
------------	-----------------	-----------------	-----------	----------------------------------

**WORK INFORMATION**

Building: Ground Floor Area \_\_\_\_\_ sq. ft. Basement Floor Area \_\_\_\_\_ sq. ft.

Garage Floor Area \_\_\_\_\_ sq. ft. 2nd Floor Area \_\_\_\_\_ sq. ft. Other \_\_\_\_\_ sq. ft.

Size: Width \_\_\_\_\_ Length \_\_\_\_\_ Stories \_\_\_\_\_ Height \_\_\_\_\_

Building Volume (for Demolition Permit) \_\_\_\_\_ cubic feet

Description of Work: New furnace



**ELECTRICAL:** Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ ESTIMATED COST = \$ \_\_\_\_\_

Type of Work: ( )New ( )Service Change ( )Rewiring ( )Add'l Wiring TEMPORARY ELEC. REQUIRED - ( )Yes ( )No

Size of Service \_\_\_\_\_ Underground \_\_\_\_\_ Overhead \_\_\_\_\_ Number of New Circuits \_\_\_\_\_

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

**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 \_\_\_\_\_

STREET SEWER TAP REQUIRED - ( )Yes ( )No 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 = \_\_\_\_\_

Clothes Washer = \_\_\_\_\_ Floor Drains = \_\_\_\_\_ Dishwasher = \_\_\_\_\_ Other \_\_\_\_\_ Total = \_\_\_\_\_

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

**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 (1) Pipe ( )Two (2) Pipes ( )Series Loop

ELECTRIC HEAT - Number of Circuits \_\_\_\_\_ Number of Furnaces \_\_\_\_\_ Number of Hot Air Runs \_\_\_\_\_

Number 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 sets 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, and 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.8.0. 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.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_