

# THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

**Sidwealk/Curb Replacement Permit**

Page 1 of 1

Permit Number: SW2006-7

Printed: 8/9/2006

**ADDRESS:**

**613 Haley Ave.**

## Applicant

Approval Date: 7/17/2006

Name: Mike Anderson

Address: 613 Haley Ave  
Napoleon, OH 43545

Phone: 419-599-0335

## Owners

Name: Mr. Mike Anderson

Address: 613 Haley Ave  
Napoleon, OH 43545

Phone: 419-599-0335

Cellular: 419-466-8923

## Contractors

### Fees and Receipts:

Number	Description	Amount
FEE2006-320	Sidewalk/Curb	\$25.00

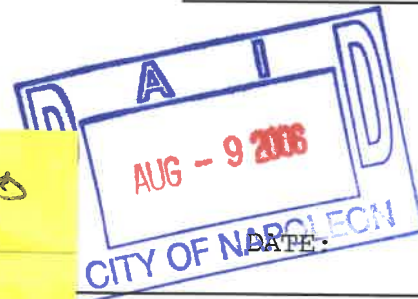
**Total Fees: \$25.00**

RCPT2006-177		\$25.00
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**Total Receipts: \$25.00**

Sq ft of sidewalk

sidewalk replacement



75'-8' 67' *MS*

466 8923

L = 75'  
D/W = 8'

Mike Anderson

75-8=67

$\$1.50 \times 67 = \$100.50 \times 4 = 402$

Sidewalk on Haley  $112 \times 402 = 45024$



# CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

DATE: \_\_\_\_\_ JOB LOCATION: \_\_\_\_\_

OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

OWNER ADDRESS: 613 Haley Ave CITY: Napoleon ZIP: 43545

CONTRACTOR: \_\_\_\_\_

PHONE #: 419-599-0335 CELL PHONE#: 419-466-8923

CONTRACTOR LICENSED WITH THE CITY OF NAPOLEON?: YES  NO:

Is any of the above job going to be subcontracted out? Yes  No:

If yes to whom: \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: 72' of sidewalk being replaced  
ESTIMATED COMPLETION DATE: \_\_\_\_\_

### PLEASE MARK THE TYPE OF WORK YOU WILL BE PERFORMING

- |   |  |
|---|--|
| <input type="checkbox"/> A/C ADD ON                 | <input type="checkbox"/> REMODELING              |
| <input type="checkbox"/> BOILER REPLACEMENT         | <input type="checkbox"/> ROOFING                 |
| <input type="checkbox"/> CURBING                    | <input type="checkbox"/> SEWER REPAIRS**         |
| <input type="checkbox"/> DECKS *                    | <input checked="" type="checkbox"/> SIDEWALK*    |
| <input type="checkbox"/> DRIVEWAY*                  | <input type="checkbox"/> SIDING                  |
| <input type="checkbox"/> ELECTRICAL SERVICE UPGRADE | <input type="checkbox"/> STORAGE SHED*           |
| <input type="checkbox"/> ELECTRICAL SERVICE NEW     | <input type="checkbox"/> SWIMMING POOL*          |
| <input type="checkbox"/> FENCE*                     | <input type="checkbox"/> FURNACE REPLACEMENT     |
| <input type="checkbox"/> ADDITIONS*                 | <input type="checkbox"/> TEMP ELECTRIC           |
| <input type="checkbox"/> FURNACE NEW                | <input type="checkbox"/> WATER TAP (size _____") |
| <input type="checkbox"/> LAWN METER                 | <input type="checkbox"/> WINDOWS                 |
| <input type="checkbox"/> PLUMBING                   | <input type="checkbox"/> ZONING                  |

\*PLEASE INCLUDE A PICTURE SHOWING MEASUREMENTS FROM EXISTING STRUCTURES AND PROPERTY LINES. INDICATING THE TYPE OF WORK YOU WISH TO PERFORM.

\*\* IF WORK REQUIRES GOING INTO THE STREET A STREET BOND IS REQUIRED!

FOR PERMIT COSTS PLEASE FILL OUT REVERSE SIDE.

**PERMIT COST WORKSHEET**

<u>JOB</u>	<u>BASE FEE</u>	<u>TOTAL</u>
SIDING (only) TOTAL SQ _____ X 1.00 +	\$5.00 =	\$ _____
ROOFING (only) TOTAL SQ _____ X 1.00 +	\$5.00 =	\$ _____
WINDOWS (only) # OF WINDOWS ____ X 1.00 +	\$5.00 =	\$ _____
ELECTRICAL # OF CIRCUITS _____ X 3.00 +	\$15.00 =	\$ _____
ELECTRICAL SERVICE UPGRADE	\$15.00 =	\$ _____
PLUMBING (INSIDE) replacing/ repairs	\$10.00 =	\$ _____
SEWER (OUTSIDE)	\$25.00 =	\$ _____
WATER HEATER	\$5.00	\$ _____
SHED UNDER 200 SQ FT (over 200 see chart)	\$ 5.00	\$ _____
FURNACE OR A/C (REPLACEMENT)	\$ 5.00	\$ _____
DEMOLITION (only)	\$30.00	\$ _____
SIDEWALK REPLACEMENT/ NEW	\$25.00	\$ _____
DRIVEWAY	\$25.00	\$ _____

ALL CONSTRUCTION, ALTERATIONS, REMODELING, SHEDS, DECKS & FENCES NOT LISTED ABOVE IS BASED ON COST OF WORK BEING PERFORMED.

COST OF WORK \$ \_\_\_\_\_ (SEE CHART) \$ \_\_\_\_\_

0.00 -	250.00	0.00	11,000.00 -	11,999.00	25.00
250.00 -	1,000.00	10.00	12,000.00 -	12,999.00	26.00
1,000.00 -	1,999.00	12.00	13,000.00 -	13,999.00	27.00
2,000.00 -	2,999.00	14.00	14,000.00 -	14,999.00	28.00
3,000.00 -	3,999.00	16.00	15,000.00 -	15,999.00	29.00
4,000.00 -	4,999.00	18.00	16,000.00 -	16,999.00	30.00
5,000.00 -	5,999.00	19.00	17,000.00 -	17,999.00	31.00
6,000.00 -	6,999.00	20.00	18,000.00 -	18,999.00	32.00
7,000.00 -	7,999.00	21.00	19,000.00 -	19,999.00	33.00
8,000.00 -	8,999.00	22.00	20,000.00 -	20,999.00	34.00
9,000.00 -	9,999.00	23.00	21,000.00 -	21,999.00	35.00
10,000.00 -	10,999.00	24.00	22,000.00 -	22,999.00	36.00
			Over 22,999	Please Call	



# Black Swamp Equipment, LLC

700 E. Lugbill Rd.  
Archbold, Oh 43502  
419-445-2045 or 800-445-2777

Visit our locations in:

Adrian  
Archbold  
Bryan  
Defiance  
Monroe  
Napoleon

BLACK SWAMP EQUIPMENT  
R-025 ROAD 13A  
NAPOLEON, OH 43545  
(419) 599-2950

RENTED TO		ADDRESS EQUIPMENT WILL BE USED		TICKET NO.	
PRECISION INTERIORS LLC 613 HALEY AVE. NAPOLEON OH 43545				Con# 91923	
ID 2	DOB	ID 3	PHONE	DATE	TIME
		0	W (419) 599-9800 F (419) 599-9800	07/08/06	7:48 AM LS
DL/ID #	PG/JOB #	RECEIVED BY		DATE	TIME
2693		MIKE		07/08/06	11:51 AM EB
				RETURNED	

\*\*\*FINAL\*\*\*

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Qty	Item#	MIN	Hourly	Ovnite	8-hour	Day	Week	4 Week	Ext Amt	Net Amt
1	0330-0047		45" MAGNESIUM BULL FLOAT						9.65	9.65
		\$9.65/D	1.65	9.65		9.65	25.75	52.00		
			1 HANDLE NO CHARGE WITH MAG.FLOAT RENTAL							
			**** PLEASE CLEAN BEFORE RETURNING ****							
1	0331-0000		6' HANDLE - FOR BULL FLOAT -						0.00	0.00
1	1304-0003		PLATE COMPACTOR/3500# CAPACITY						28.50	28.50
		\$28.50/4	7.50	28.50			180.00	450.00		
			*USE UNLEAD GAS & CHECK OIL FREQUENTLY*							
			**** PLEASE CLEAN BEFORE RETURNING ****							
1.00	FUEL		FUEL-DIESEL/GASOLINE					5.00	5.00	5.00
----- Payments -----										

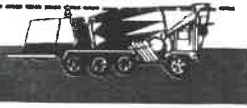
I AGREE THE ITEMS RETURNED/ RECEIVED ARE CORRECT AS THE CHARGES INDICATE. I AGREE TO THE CONTRACT TERMS ON BACK.		Rent	38.15
		Sales	5.00
		Other	0.00
		Dmg Waiver	3.82
		SME Tax	0.00
		Sales Tax	3.06
		Deposit	0.00
08-JUL-06	11:51:30	TOTAL DUE	50.03
Lessee: X		AMT BILLED	50.03











READY MIXED CONCRETE • AGGREGATE  
SUPPLIES • CUSTOM TRUCKING  
1 - (800) 786-6325

521 Commercial Street  
Pettisville, OH 43553  
PH: (419) 445-7771

County Road 1-C  
McClure, OH 43534  
PH: (419) 748-8442



MAILING ADDRESS  
BOX 53038  
PETTISVILLE, OHIO 43553

**CAUTION**

may cause eye or skin injury. Contains Portland cement. Freshly mixed cement, mortar, concrete, or grout may cause skin injury. TAKE THESE PRECAUTIONS:  
Avoid all contact with eyes.  
Wear rubber boots and gloves, and avoid prolonged contact directly with skin or through porous materials.  
In case of contact with skin or eyes. FLUSH THOROUGHLY WITH WATER.  
If irritation persists, get medical attention promptly.  
Keep children away.

**TERMS AND CONDITIONS**

This load of concrete is produced in accordance with the A.S.T.M. standard specifications for Redi-Mix concrete.  
We do not guarantee finished results obtained from this load of concrete, as many important factors affecting the ultimate quality of the completed job are out of our control.  
Excessive water in concrete reduces its final strength. Any water added to the mix on the job will be at the purchaser's risk.  
Ready Mix concrete is not returnable for credit.  
In the event of delivery beyond curb line, this company will not assume liability for damage to curbs, sidewalks, driveways or other personal property.  
Estimated delivery schedules will be maintained to the best of our ability. We will not consider any claims for damages for failure to do so.  
Customer will be allowed 6 minutes per yard unloading time. Overtime price will apply to any additional time.

Water added: \_\_\_\_\_ Gallons

Customer's representative

CUSTOMER ID	P.O. NUMBER	ZONE	JOB NUMBER	TIME	DATE	TICKET
18602				9:33AM	8Jul06	8915
Miscellaneous Plant 2			DELIVER TO MIKE ANDERSON 613 HALEY ST NAPOLEON O		Load #1. 8945	

QUANTITY THIS LOAD	QUANTITY ORDERED	QUANTITY DELIVERED	PRODUCT CODE	PRODUCT DESCRIPTION	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
4.00	4.00	4.00	5SAIR	6 SK AIR-ENT	yd3	88.50	354.00
1.00			940	DEL. CHARGE 2 1/4 - 4 YD		40.00	40.00
1.00			9	Saturday Charge		50.00	50.00
4.00			13	Fiber Reinforcement		5.50	22.00
TRUCK						SUB-TOTAL	
65	AGG	SUPER PLAS.	ACCELERATOR			TAX	466.00
DELIVERY INSTRUCTIONS						TOTAL	
100 %						30.29	
0.00 %						496.29	

INSTRUCTIONS



**APPLICATION FOR CITY SIDEWALK AND/OR CURBING REPLACEMENT**

Location of project 613 Haley

Mike Anderson

Owner Name

Address

Napoleon

43545

419-599-0335

City

Zip

Phone

Type of work to be performed: Curbing replacement , Sidewalk Replacement

Total length of curbing to be replaced  Total square footage of sidewalk to be replaced 67 <sup>sq</sup>

Estimated cost 402<sup>00</sup>

***It is required that the City approve the replacement of sidewalks and curbing before the work commences***

All construction must comply with the latest City of Napoleon Engineering Specification and/or ODOT specifications whichever is applicable. Non-complaint work will not be eligible for reimbursement. ***Specifications are available upon request.*** Inspection is required by the City prior to replacement of concrete and after the work is completed to retain eligibility.

The city will reimburse the owner for sidewalk replacement in the right-of-way at a rate of one dollar and fifty cents (\$1.50) per square foot, if installed in accordance to City specifications. The City will reimburse the owner for curbing replacement in the right-of-way at a rate of twenty dollars (\$20.00) per linear foot, ***if installed in accordance to City specification.***

Reimbursement is made to the owner of the property not the contractor. IT is required that the owner completes an invoice (provided by the City) for such work along with a paid copy of the invoice from the contractor who performed such work (if applicable).

Name of City registered contractor performing such work; (if there is no contractor involved mark Self)

Michael Anderson  
Signature of property owner

City Lic. # \_\_\_\_\_

\_\_\_\_\_ Date

***This form must be signed by the City Engineer prior to commencement of work in order to be eligible for reimbursement according to the above schedule. Inspection by the City is required prior to placement of concrete and after work is completed. A "WORK IN RIGHT OF WAY" PERMIT IS REQUIRED BEFORE WORK MAY COMMENCE.***


This project as specified above is hereby approved for construction and is eligible for reimbursement in accordance with the schedule herein. All work must conform to the City of Napoleon specification.

[Signature]  
City Engineer

07-20-06  
Date

City Purchase order Number RC060906

City Permit number SW2006-7

***INVOICE APPROVAL***	
PO # RC060906	BLANKET PO Y- <input type="checkbox"/> N- <input checked="" type="checkbox"/>
VN# 5523	
ACCOUNT	AMOUNT
400 5100 5740	402 <sup>00</sup>
TOTAL >>>	402 <sup>00</sup>
PO ADJUST: Y- <input type="checkbox"/> ADJUST AMOUNT:	CLOSE PO Y- <input checked="" type="checkbox"/> N- <input type="checkbox"/>
APPROVED FOR PAYMENT: 	DATE 7/20/06
AUTHORIZED SIGNATURE	DATE
RETURN (APPROVED) INVOICE AND SIGNED YELLOW PO TO FINANCE TO PROCESS FOR PAYMENT	