

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

Permit No. 2460 Issued 9-23-91  
 Job Location 936 Haley  
 Lot Pt.7 Lumbard 1st Addition  
 Issued by Brent N. Damman  
 Owner James H. Dickman 599-5288  
 Address 936 Haley  
 Agent Self  
 Address \_\_\_\_\_  
 Use Type - Residential xx  
 Other - Describe \_\_\_\_\_  
 No. Dwelling Units 1  
 New \_\_\_\_\_ Replacement \_\_\_\_\_  
 Add'n. \_\_\_\_\_ Alter \_\_\_\_\_ Remodel xx  
 Mixed Occupancy \_\_\_\_\_  
 Change of Occupancy \_\_\_\_\_  
 Estimated Cost \$ 400.00

FEES	BASE	PLUS	TOTAL
<input type="checkbox"/> Building	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Electrical	\$ <u>15.00</u>	\$ _____	\$ <u>15.00</u>
<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.....			\$ <u>15.00</u>
LESS FEES PAID <u>9-23-91</u> .....			\$ <u>15.00</u>
BALANCE DUE.....			\$ <u>0.00</u>

ZONING INFORMATION

district	lot dimensions	area	front yd	side yd	rear yd
	n/a				
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: Update Electrical Service  
 Plumbing: \_\_\_\_\_  
 Mechanical: \_\_\_\_\_  
 Additional Information: \_\_\_\_\_

**PAID**  
**SEP 23 1991**  
 CITY OF NAPOLEON

Date 9/23/91 Applicant Signature James H. Dickman

# 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		40
<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		192 BD
<b>BUILDING</b>	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			
<b>ADDITIONAL</b>	<b>INSPECTIONS, CORRECTIONS, ETC.</b>						<b>INSPECTIONS, CORRECTIONS, ETC.</b>					
	CITY OF HAWAII											
	1991 20 932											
	1991 20 932											
	1991 20 932											

**APPLICATION FOR  
Residential Building, Electrical, Plumbing, Mechanical & Demolition Permits  
from the  
CITY OF NAPOLEON - BUILDING DEPARTMENT  
255 West Riverview Ave., Napoleon, Ohio 43545 (419) 592-4010**

PERMIT NO. 2460 ISSUED 9-23-91

JOB LOCATION 936 Haley

LOT Pt. 7 SUB-DIV ~~936~~ Lumbard 1st Add.

ISSUED BY BND

OWNER James H. Dickman PN 599-52888

ADDRESS 936 Haley

AGENT self PN \_\_\_\_\_

ADDRESS \_\_\_\_\_

DESCRIPTION OF USE:  
 RESIDENTIAL       COMMERCIAL       INDUSTRIAL  
 NEW       ADDITION       ALTER       REMODEL

MIXED OCCUPANCY \_\_\_\_\_

CHANGE OF OCCUPANCY \_\_\_\_\_

ESTIMATED COST \$ 400

ZONING INFORMATION: \_\_\_\_\_

	Base	Plus	Total
<input type="checkbox"/> Building	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Electrical	\$ <u>15<sup>00</sup></u>	\$ _____	\$ <u>15<sup>00</sup></u>
<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	\$ _____	\$ _____	\$ _____
Total Fees .....			\$ <u>15<sup>00</sup></u>
Less Fees Paid <u>9-23-91</u> .....			\$ <u>15<sup>00</sup></u>
BALANCE DUE .....			\$ <u>-0-</u>

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard
	<u>N/A</u>				
Max Hgt	No. Pkg Spaces	No. Ldg Spaces	Max Cover	Petition or Appeal Required and Date	
				<b>PAID</b>	

**WORK INFORMATION:**

Building: Garage Floor Area \_\_\_\_\_ Basement Floor Area \_\_\_\_\_ Second Floor Area \_\_\_\_\_

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

Building Volume (for Demolition Permit) \_\_\_\_\_ cu. ft.

DESCRIPTION OF WORK: Update Electrical Service



**ELECTRICAL:** Electrical Contractor Jim Dickman Phone 599-5288

Address 936 Haley Estimated Cost: \$ 400

Type of Work: New  Service Change  Rewiring  Add'l Wiring  Temp Elec Req.: Yes  No

Size of Service 200 Amp  Underground  Overhead  No. of New Circuits

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

**PLUMBING:** Plumbing Contractor \_\_\_\_\_ Phone \_\_\_\_\_

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

Water Tap Req.: Yes  No  Size \_\_\_\_\_ Type of Pipe \_\_\_\_\_ Water Dist. Pipe \_\_\_\_\_

San. Sewer Tap Req.: 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

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

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 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 9/23/91 Signature of Applicant James H. Dickman