

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

| Permit No. <u>02947</u> Issued <u>6-15-93</u><br>Job Location <u>930 North Harmony</u><br>Lot _____<br>Issued by <u>Brent N. Damman</u><br>Owner <u>Shawn Smith</u> <u>592-1554</u><br>Address <u>930 N. Harmony, Napoleon, Ohio</u><br>Agent <u>Weber Bldrs</u> <u>274-5282</u><br>Address <u>E-972 Co. Rd. 11, Hamler, OH</u><br>Use Type - Residential <u>xx</u><br>Other - Describe _____<br>No. Dwelling Units <u>1</u><br>New _____ Replacement <u>xx</u><br>Add'n. _____ Alter _____ Remodel _____<br>Mixed Occupancy _____<br>Change of Occupancy _____<br>Estimated Cost \$ <u>1,000.00</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 checked="" type="checkbox"/> Building</td> <td style="text-align: right;">\$ 9.00</td> <td style="text-align: right;">\$ 9.00</td> <td style="text-align: right;">\$ 18.00</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 type="checkbox"/> Mechanical</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"/> 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;">\$ 18.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">LESS FEES PAID.....</td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="3" style="text-align: right;">BALANCE DUE.....</td> <td style="text-align: right;">\$ 18.00</td> </tr> </table> | FEES    | BASE     | PLUS | TOTAL | <input checked="" type="checkbox"/> Building | \$ 9.00 | \$ 9.00 | \$ 18.00 | <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..... |  |  | \$ 18.00 | LESS FEES PAID..... |  |  | \$ | BALANCE DUE..... |  |  | \$ 18.00 |
|--|--|---------|----------|------|-------|--|---------|---------|----------|-------------------------------------|----|----|----|-----------------------------------|----|----|----|-------------------------------------|----|----|----|-------------------------------------|----|----|----|---------------------------------|----|----|----|-------------------------------|----|----|----|------------------------------------|----|----|----|-------------------------------------|----|----|----|------------------------------------|----|----|----|--------------------------------------|----|----|----|--------------------------------------|----|----|----|-----------------|--|--|----------|---------------------|--|--|----|------------------|--|--|----------|
| FEES   | BASE   | PLUS    | TOTAL    |      |       |  |         |         |          |                                     |    |    |    |                                   |    |    |    |                                     |    |    |    |                                     |    |    |    |                                 |    |    |    |                               |    |    |    |                                    |    |    |    |                                     |    |    |    |                                    |    |    |    |                                      |    |    |    |                                      |    |    |    |                 |  |  |          |                     |  |  |    |                  |  |  |          |
| <input checked="" type="checkbox"/> Building   | \$ 9.00  | \$ 9.00 | \$ 18.00 |      |       |  |         |         |          |                                     |    |    |    |                                   |    |    |    |                                     |    |    |    |                                     |    |    |    |                                 |    |    |    |                               |    |    |    |                                    |    |    |    |                                     |    |    |    |                                    |    |    |    |                                      |    |    |    |                                      |    |    |    |                 |  |  |          |                     |  |  |    |                  |  |  |          |
| <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.....  |  |         | \$ 18.00 |      |       |  |         |         |          |                                     |    |    |    |                                   |    |    |    |                                     |    |    |    |                                     |    |    |    |                                 |    |    |    |                               |    |    |    |                                    |    |    |    |                                     |    |    |    |                                    |    |    |    |                                      |    |    |    |                                      |    |    |    |                 |  |  |          |                     |  |  |    |                  |  |  |          |
| LESS FEES PAID.....  |  |         | \$       |      |       |  |         |         |          |                                     |    |    |    |                                   |    |    |    |                                     |    |    |    |                                     |    |    |    |                                 |    |    |    |                               |    |    |    |                                    |    |    |    |                                     |    |    |    |                                    |    |    |    |                                      |    |    |    |                                      |    |    |    |                 |  |  |          |                     |  |  |    |                  |  |  |          |
| BALANCE DUE.....   |  |         | \$ 18.00 |      |       |  |         |         |          |                                     |    |    |    |                                   |    |    |    |                                     |    |    |    |                                     |    |    |    |                                 |    |    |    |                               |    |    |    |                                    |    |    |    |                                     |    |    |    |                                    |    |    |    |                                      |    |    |    |                                      |    |    |    |                 |  |  |          |                     |  |  |    |                  |  |  |          |

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: Install patio door.

Date 6/16/93 Applicant Signature

**PAID**  
 JUN 16 1993  
 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)<br><input type="checkbox"/> Unit Htr(s) |    |       | Refrigeration Equipment         |    |  |
|                   |                                       |    |          | Duct Insulation  |    |                                       | Pool Heater   |    |       | Furnace(s)                      |    |  |
|                   |                                       |    |          | Combustion Products Vents  |    |                                       | Ventilation<br><input type="checkbox"/> Supply <input type="checkbox"/> Exhst.  |    |       | FINAL APPROVAL                  |    |  |
| <b>ELECTRICAL</b> | Conduits & or Cable                   |    |          | Conduits/Cable   |    |                                       | <input type="checkbox"/> Range<br><input type="checkbox"/> Dryer                |    |       | Temp Service<br>Temp Lighting   |    |  |
|                   | Grounding & or Bonding                |    |          | Rough Wiring   |    |                                       | <input type="checkbox"/> Generator(s)<br><input type="checkbox"/> Motors        |    |       | Fixtures<br>Lampholders         |    |  |
|                   | Floor Ducts Raceways                  |    |          | Service Panel Switchboard  |    |                                       | <input type="checkbox"/> Water Htr<br><input type="checkbox"/> Welder           |    |       | Signs                           |    |  |
|                   | Service Conduit                       |    |          | Busways Ducts  |    |                                       | <input type="checkbox"/> Heaters<br><input type="checkbox"/> Heat Cable         |    |       | Electric Mtr.<br>Clearance      |    |  |
|                   | Temporary Power Pole                  |    |          | Subpanels  |    |                                       | <input type="checkbox"/> Duct Htr(s)<br><input type="checkbox"/> Furnace(s)     |    |       | FINAL APPROVAL                  |    |  |
| <b>BUILDING</b>   | Location, Set-backs, Esmt(s)          |    |          | Exterior Wall Construction   |    |                                       | Roof Covering<br>Roof Drainage  |    |       | Smoke Detector                  |    |  |
|                   | Excavation                            |    |          |  |    |                                       | Exterior Lath   |    |       | Demolition (sewer cap)          |    |  |
|                   | Footings & Reinforcing                |    |          |  |    |                                       | <input type="checkbox"/> Interior Lath<br><input type="checkbox"/> Wallboard    |    |       |                                 |    |  |
|                   | Floor Slab                            |    |          | Interior Wall Construction   |    |                                       | Fire Wall(s)  |    |       | Building or Structure           |    |  |
|                   | Foundation Walls                      |    |          | Columns & Supports   |    |                                       | Fireplace<br>Chimney  |    |       |                                 |    |  |
|                   | Sub-soil Drain                        |    |          | Crawl Space<br><input type="checkbox"/> Vent <input type="checkbox"/> Access |    |                                       | Attic<br><input type="checkbox"/> Vent <input type="checkbox"/> Access          |    |       |                                 |    |  |
|                   | Piles                                 |    |          | Floor System(s)  |    |                                       |   |    |       | FINAL APPROVAL<br>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> |   |    |       |                                 |    |  |
|                   |                                       |    |          |  |    |                                       |   |    |       |                                 |    |  |
|                   |                                       |    |          |  |    |                                       |   |    |       |                                 |    |  |
|                   |                                       |    |          |  |    |                                       |   |    |       |                                 |    |  |
|                   |                                       |    |          |  |    |                                       |   |    |       |                                 |    |  |

PAID

APR 10 1983

CITY OF WASHINGTON

2

**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. _____  | <u>Base</u>   | <u>Plus</u>                | <u>Total</u>              |
| PERMIT NO. <u>2947</u> ISSUED <u>6-15-93</u>   | ( <input checked="" type="checkbox"/> ) Building \$ <u>9<sup>00</sup></u> | \$ <u>9<sup>00</sup></u>   | \$ <u>18<sup>00</sup></u> |
| JOB LOCATION <u>930 N. Harmony</u>   | ( ) Electrical \$ _____   | \$ _____                   | \$ _____                  |
| LOT _____  | ( ) Plumbing \$ _____   | \$ _____                   | \$ _____                  |
| (Subdivision or Legal Description)   | ( ) Mechanical \$ _____   | \$ _____                   | \$ _____                  |
| ISSUED BY <u>B.N.D.</u>  | ( ) Demolition \$ _____   | \$ _____                   | \$ _____                  |
| (Building Official)  | ( ) Zoning \$ _____   | \$ _____                   | \$ _____                  |
| OWNER <u>Shawn Smith</u> PHONE <u>592-1554</u>   | ( ) Sign \$ _____   | \$ _____                   | \$ _____                  |
| ADDRESS <u>930 N. Harmony Napoleon</u>   | ( ) Water Tap \$ _____  | \$ _____                   | \$ _____                  |
| AGENT <u>Walter Bidwell</u> PHONE <u>274-5282</u>  | ( ) Sewer Tap \$ _____  | \$ _____                   | \$ _____                  |
| ADDRESS <u>E-972 Co. Rd. 11 Hamlet Oh</u>  | ( ) Temp Water \$ _____   | \$ _____                   | \$ _____                  |
| USE: ( <input checked="" type="checkbox"/> ) Residential ( ) Commercial ( ) Industrial     | ( ) Temp Elec. \$ _____   | \$ _____                   | \$ _____                  |
| ( ) Other _____  |   |                            |                           |
| WORK: ( ) New ( ) Addition ( <input checked="" type="checkbox"/> ) Replacement ( ) Remodel |   |                            |                           |
| ESTIMATED COST = \$ <u>1,000<sup>00</sup></u>  | Additional Plan Review: Structure _____ Hours _____                       | Electric _____ Hours _____ |                           |

|                          |                           |
|--------------------------|---------------------------|
| TOTAL FEES . . . . .     | \$ <u>18<sup>00</sup></u> |
| Less Fees Paid . . . . . | \$ _____                  |
| BALANCE DUE . . . . .    | \$ <u>18<sup>00</sup></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: Length \_\_\_\_\_ Width \_\_\_\_\_ Stories \_\_\_\_\_ Height \_\_\_\_\_

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

Description of Work: Install patio door

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.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.

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