

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

| Permit No. <u>3824</u> Issued <u>03/25/96</u> Job Location <u>505 High St.</u> Lot _____ Issued by <u>Brent N. Damman</u> Owner <u>Joe Moser</u> <u>592-2321</u> Address <u>505 High St. Napoleon, OH</u> Agent <u>Self</u> Address _____ Use Type - Residential <u>X</u> Other - Describe _____ No. Dwelling Units _____ New _____ Replacement <u>X</u> Add'n. _____ Alter _____ Remodel _____ Change of Occupancy _____ Change of Occupancy _____ Estimated Cost \$ <u>350.00</u> | <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">FEES</th> <th style="text-align: center;">BASE</th> <th style="text-align: center;">PLUS</th> <th style="text-align: center;">TOTAL</th> </tr> <tr> <td><input type="checkbox"/> Building</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Electrical</td> <td style="text-align: center;">\$ <u>15.00</u></td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ <u>15.00</u></td> </tr> <tr> <td><input type="checkbox"/> Plumbing</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Mechanical</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Demolition</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Zoning</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Sign</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Water Tap</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Sew. Insp.</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Sewer Tap</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Temp. Water</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Temp. Elec.</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL FEES.....</td> <td style="text-align: center;">\$ <u>15.00</u></td> </tr> <tr> <td colspan="3" style="text-align: right;">LESS FEES PAID.....</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td colspan="3" style="text-align: right;">BALANCE DUE.....</td> <td style="text-align: center;">\$ _____</td> </tr> </table> | 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..... | | | \$ _____ | BALANCE DUE..... | | | \$ _____ |
|--|---|----------|-----------------|------|-------|-----------------------------------|----------|----------|----------|--|-----------------|----------|-----------------|-----------------------------------|----------|----------|----------|-------------------------------------|----------|----------|----------|-------------------------------------|----------|----------|----------|---------------------------------|----------|----------|----------|-------------------------------|----------|----------|----------|------------------------------------|----------|----------|----------|-------------------------------------|----------|----------|----------|------------------------------------|----------|----------|----------|--------------------------------------|----------|----------|----------|--------------------------------------|----------|----------|----------|-----------------|--|--|-----------------|---------------------|--|--|----------|------------------|--|--|----------|
| 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..... | | | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BALANCE DUE..... | | | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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: New over head 200 amp service
 Plumbing: _____
 Mechanical: _____
 Additional Information: _____
 Date _____ Applicant Signature Joe Moser

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. 3824 ISSUED 3-25-96

JOB LOCATION 505 High

LOT _____
 (Subdivision or Legal Description)

ISSUED BY BND
 (Building Official)

OWNER Joe Moser PHONE 592-2321

ADDRESS 505 High Map.

AGENT SELF PHONE _____

ADDRESS _____

USE: Residential Commercial Industrial
 Other _____

WORK: New Addition Replacement Remodel

ESTIMATED COST = \$ 350.00

| | <u>Base</u> | <u>Plus</u> | <u>Total</u> |
|--|-----------------|-------------|-----------------|
| <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"/> Sewer Tap | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Temp Water | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Temp Elec. | \$ _____ | \$ _____ | \$ _____ |

Additional Plan Review: Structure _____ Hours _____
 Electric _____ Hours _____

TOTAL FEES \$ 15.00
 Less Fees Paid \$ _____
 BALANCE DUE \$ _____

ZONING INFORMATION

| <u>District</u> | <u>Lot Dimensions</u> | <u>Area</u> | <u>Front Yard</u> | <u>Side Yard</u> | <u>Rear Yard</u> |
|-----------------|-----------------------|-------------|-------------------|------------------|------------------|
| | | | | | |

| <u>Max Height</u> | <u>No. Pkg. Spaces</u> | <u>No. Ldg. Spaces</u> | <u>Max Cover</u> | <u>Petition or Appeal Required-Date</u> |
|-------------------|------------------------|------------------------|------------------|---|
| | | | | |

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: New overhead 200 amp service

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 _____

METER SOCKET RELEASE

issued by

The Napoleon Electric Distribution Department

639 Industrial Drive Napoleon, Ohio 43545 Pn. 592-9116 or 592-4010

Permit No. E- 345 Issued 3-25-96 Building permit No. 3824 Job Address 505 High

Lot Number _____ Sub Division _____

Owner Joe Moser Owners Address 505 High Nap Pn. No. 592-2321

Contractor self Contractors Address _____ Pn. No. _____

Size of Service 200 Overhead Underground _____ Issued By Ben W. Panneman

In City Outside City _____

Date completed _____ Approved by _____

electric distribution dept.

Size of Service _____ Overhead _____ Underground _____ Street and No. _____

Old Meter No. _____ New Meter No. _____ Remarks _____

Sketch of Service

Grid area for sketching service details.

