

PERMIT

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

Permit No. 01403 Issued 7-1-87 date

Job Location 514 High St. address

Lot 1 Lumbard 1st Addition sub-div or legal discript

Issued By Eldon Huber building official

Owner Vic Gerken name tel.

Address 523 N. Ash - Deshler, Ohio

Agent S & B Construction builder-eng.-etc. tel.

Address Rt. #1 - Holgate, Ohio 43527

Description of Use Residence

Residential 1 no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel X

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 2,650.00

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	6.00	18.00	24.00
<input type="checkbox"/> ELECTRICAL			
<input type="checkbox"/> PLUMBING			
<input type="checkbox"/> MECHANICAL			
<input type="checkbox"/> DEMOLITION			
<input type="checkbox"/> ZONING			
<input type="checkbox"/> SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			24.00
LESS MIN. FEES PAID _____ date _____			
BALANCE DUE.....			

ZONING INFORMATION N.A.

district	lot dimensions	area	front yd	side yds	rear yd
C					
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr

WORK INFORMATION: N.A.

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____

Height _____ Building Volume (for demo. permit) _____ cu. ft.

Electrical: N.A. brief description _____

Plumbing: N.A. brief description _____

Mechanical: N.A. brief description _____

Sign: N.A. Dimensions _____ Sign Area _____

Additional Information: 4 - replacement windows and blown in insulation and replace sidewalk. (see plan correction sheet)

Date _____ Applicant Signature _____ owner-agent

PAID
 JUL 2 1987
 CITY OF NAPOLEON

INSPECTION RECORD

	UNDERGROUND			ROUGH-IN						FINAL		
	Type	Date	By	Type	Date	By	Type	Date	By	Type	Date	By
PLUMBING	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		
MECHANICAL	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		
ELECTRICAL	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		
BUILDING	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.	7/17	EH
			Roof System			Special Insp Reports Rec'd			Certificate of Occupancy Issued			
ADDITIONAL	INSPECTIONS, CORRECTIONS, ETC.						INSPECTIONS, CORRECTIONS, ETC.					

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RESIDENTIAL PLAN CORRECTION SHEET

CITY OF NAPOLEON
 255 West Riverview Ave.
 Napoleon, Ohio 43545
 419/592-4010

ADDENDUM TO Permit No. 01403-(1)
 Owner VIC GERBER
 Contractor S+B CONSTRUCTION
 Location 514 HIGH ST.

Please note the items checked below and incorporate them into your plans as indicated: PERMIT NOT YET ISSUED, CORRECT PLANS AND RE-SUBMIT. PERMIT ISSUED, INCORPORATE ITEMS DURING CONSTRUCTION.

GENERAL			
<input checked="" type="checkbox"/>	Provide approved smoke detector(s) as req'd.		Show size of members supporting porch roof.
	Provide 1/2" gypsum wallboard between dwelling and garage, on garage side.		Provide double top plate for all bearing partitions and exterior walls.
	Provide min. 1 3/8" solid wood door from garage to dwelling. (or equal)		Provide design data for prefab wood truss.
	Submit fully dimensioned plot plan.		Ceiling joists undersized in _____.
	Provide min. of 1-3'0" x 6'8" exit door.		Roof rafters undersized in _____.
	Provide min. 22" x 30" attic access opening.		PLUMBING AND MECHANICAL
	Provide min. 18" x 24" crawl space access opening.		Terminate all exhaust systems to outside air.
	Provide approved sheathing or flashing behind masonry veneer.		Insulate ducts in unheated areas.
	Provide min. 15# underlayment on roof.		Provide backflow prevention device on all hose bibs.
	Provide adequate fireplace hearth.		Terminate pressure and temperature relief valve drain in an approved manner.
	Install factory built fireplaces/stoves according to manufacturers instructions.		Provide dishwasher drain with approved air gap device.
	Terminate chimney 2' above roof or 2' above highest point of building within 10' of chimney.		METAL VENEERS
	LIGHT AND VENTILATION		Contact City Utilities Dept. to remove conductors and/or meter.
	Provide mechanical exhaust or window in bathroom _____.		Provide approved system of grounding and bonding.
	Provide min. _____ Sq. In. net free area attic ventilation.		ELECTRICAL
	Provide min. _____ Sq. In. net free area crawl space ventilation.		Show location of service entrance panel and service equipment panel.
	FOUNDATION		G. F. C. I. req'd. on temporary electric.
	Min. depth of foundation below finished grade is 32".		Outdoor, bathroom and garage receptacles shall be protected by G. F. C. I.
	Min. size of footer _____" x _____".		Maximum number of receptacles permitted on a G. F. C. I. circuit shall be 10 for 20 A. circuits and 7 for 15A. circuits.
	Provide anchor bolts, 1/2" @ 6' o.c. 1' from each corner. Embedded 7" in concrete and 15" in masonry.		Refrigerators, microwaves, washers, disposal, furnace and air conditioners shall be on separate circuits.
	Show size of basement columns.		INSPECTIONS
	FRAMING		The following indicated inspections are required. The owner or his agent shall contact the City Building Dept. at least 24 hrs prior to the time the inspection is to be made.
	Show size of wood girder in _____.		Footers and Setbacks.
	Provide design data for structural member in _____.		Foundation.
	Floor joists undersized in _____.		Plumbing rough-in.
	Provide double joists under parallel bearing partitions.		Plumbing final.
	Provide 1" x 4" let in corner bracing, approved sheathing, or equal.		Electrical service.
	Show size of headers for openings over 4' wide _____.		Electrical rough-in.
			Electrical final
			Building sewer.
			HVAC rough-in.
			Final Building
			other,

Additional Corrections. CALL FOR INSPECTION WHEN THE PROJECT IS COMPLETE

The approval of plans and specifications does not permit the violation of any section of the Building Code or other City Ordinance. This addendum is attached to Permit No. 01403 and made a part there-of. DATE APPROVED OR DISAPPROVED 6-30-87 Checked by EH

Plan Examiner.

DATE RECHECKED AND APPROVED _____

Checked by _____

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

01403 255 West Riverview Avenue, Napoleon, Ohio 43545 - 419-592-4010

Permit No. [REDACTED] Issued 6-30-87
date

Job Location 514 HIGH ST
address

Lot 1 LUMBAR 1ST ADD
sub-div or legal discript

Issued By 54
building official

Owner VIC GERKEN
name tel.

Address ~~514 HIGH ST~~ 523 W. ASH
OESHLE

Agent 54 B CONSTRUCTION
builder-eng.-etc. tel.

Address RT #1 HOBGATE OHIO 43127

Description of Use RESIDENCE

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel X

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 2650.00

ZONING INFORMATION N.A.

district <u>C</u>	lot dimensions	area	front yd	side yds	rear yd
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr

WORK INFORMATION: N.A.

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____

Height _____ Building Volume (for demo. permit) _____ cu. ft.

Electrical: N.A. brief description

Plumbing: N.A. brief description

Mechanical: N.A. brief description

Sign: N.A. type Dimensions _____ Sign Area _____

Additional Information: 4-REPLACEMENT WINDOWS AND BLOWN IN INSULATION AND REPLACE SIDEWALK (SEE PLAN CORRECTION SHEET)

Date _____ Applicant Signature _____
owner-agent

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	<u>6.00</u>	<u>18.00</u>	<u>24.00</u>
<input type="checkbox"/> ELECTRICAL			
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<input type="checkbox"/> TEMP. ELECT. .			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			
LESS MIN. FEES PAID _____			<u>24.00</u>
BALANCE DUE.....			

CITY OF NAPOLEON
 BUILDING INSPECTION DEPARTMENT
 APPLICATION FOR BUILDING PERMIT
 (Please print or type)

The undersigned hereby makes application for construction, installation, or alteration work as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Building Codes.

Location of project 514 High St Cost of project \$ 2650⁰⁰/₁₀₀
 Owner's Name Vic Geaker Address 523 N. Ash Deshler
 Contractor STB Construction Telephone No. 274-3573
 Address Rt 1 Holgate Ohio 43527

Lot Information: (Not required for siding job)

Lot No. Center of #1 Subdivision Lumbard 1ST Edition
 Zoning District _____ Lot Size _____ ft. X _____ ft. Area _____ sq. ft.
 Setbacks: Front _____ Right Side _____ Left Side _____ Rear _____

Work Information:

Residential Commercial _____ Industrial _____
 New Construction _____ Addition _____ Remodel
 Accessory Building _____ Siding _____

Brief Description of Work: ----- Tear out old sidewalk & put new one in, & replace windows & insulate house with blown in (Specific Type)

Size: Length _____ Width _____ No. of Stories _____
 Area: 1st Floor _____ sq. ft. Basement _____ sq. ft.
 2nd Floor _____ sq. ft. Accessory Bldg. _____ sq. ft.
 3rd Floor _____ sq. ft. Other _____ sq. ft.

Additional Information: _____

APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: ELEVATIONS, FLOOR PLANS, CROSS SECTIONS AND PLOT PLAN. IF ADDITION OR REMODELING, SHOW ALL EXISTING STRUCTURES AND THEIR SIZE AND LOCATION. ALL PLANS SHALL BE DRAWN TO SCALE.

Date June 30, 1987 Applicant's Signature [Signature] **PAID**

JUN 30 1987

CITY OF NAPOLEON

PERMIT NO. 01403

PERMIT FEE \$ 24.⁰⁰/₁₀₀

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