

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

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

Permit No. 02412 Issued 8-9-91
date

Job Location 1045 HIGHLAND
address

Lot 36 HIGHLANDS 1ST
sub-div or legal discript

Issued By BRENT N. DAMMAN
building official

Owner KAREN STEPHEY 592-0472
name tel.

Address 1045 HIGHLAND

Agent THOMAS NAGEL
builder-eng.-etc. tel.

Address _____

Description of Use RESIDENTIAL

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. XX Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 500.00

| FEE | BASE | PLUS | TOTAL |
|--|-------------------|------|--------|
| <input checked="" type="checkbox"/> BUILDING | \$9.00 | | \$9.00 |
| <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. ELECT. | | | |
| ADDITIONAL PLAN REVIEW | Struct. _____ hrs | | |
| | Elect. _____ hrs | | |
| TOTAL FEES..... | | | \$9.00 |
| LESS MIN. FEES PAID <u>8-9-91</u> date | | | \$9.00 |
| BALANCE DUE..... | | | \$0.00 |

ZONING INFORMATION

| | | | | | |
|-----------------------|----------------|---------------|-------------------------|--------------------------|-----------------------|
| district <u>A</u> | lot dimensions | area | front yd <u>30'</u> | side yds <u>7'</u> | rear yd <u>15'</u> |
| max hgt <u>35'</u> | no pkg spaces | no ldg spaces | max cover <u>35%</u> | petition or appeal req'd | date appr |

WORK INFORMATION:

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

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

Electrical: _____
brief description

Plumbing: _____
brief description

Mechanical: _____
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

Additional Information: ADD A DECK.

PAID

Date 8-9-91 Applicant Signature Thomas D. Nagel owner-agent
AUG 09 1991
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 | | | Deck | | |
| | Piles | | | Floor System(s) | | | | | | FINAL APPROVAL BLDG. DEPT. | | |
| | | | | Roof System | | | Special Insp Reports Rec'd | | | Certificate of Occupancy Issued | | |
| ADDITIONAL | INSPECTIONS, CORRECTIONS, ETC. | | | | | | INSPECTIONS, CORRECTIONS, ETC. | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

APPLICATION
for
RESIDENTIAL BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, PERMITS and DEMOLITION PERMIT
from the

CITY OF NAPOLEON - BUILDING DEPARTMENT

255 West Riverview Ave. Napoleon, Ohio 43545 Pn. 419-592-4010

Entry No. _____

Permit No. 02412 Issued 8-9-91

Job Location 1045 Highland

Lot 36 Highlands 1st

Issued By BND
sub-div. or legal disc.
building official

Owner Karen Stephy Pn 592-0472

Address 1045 Highland

Agent Thomas Nagel Pn _____

Address _____

Description of Use Residential

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. X Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 500.00

ZONING INFORMATION

A resud. 70125 60x125 30'

district 35 lot dimensions N/A area _____ front yd _____

max hgt _____ no pkg spaces _____ no ldg spaces _____ max cover 35%

petition or appeal req'd. _____ date appr _____

| Ch. Permits Reg. | Base | Fees Plus | Total |
|-------------------|-------------|-----------|-------------|
| <u>X</u> Building | <u>9.00</u> | | <u>9.00</u> |
| Electrical | | | |
| Plumbing | | | |
| Mechanical | | | |
| Demolition | | | |
| Zoning | | | |
| Sign | | | |
| Water tap | | | |
| Sewer Tap | | | |
| Temp. Water | | | |
| Temp. Elec. | | | |

Additional plan review
struc. _____ hrs
Elect. _____ hrs

Total Fees..... 9.00
Less Min. Fees Pd. 8/9/91 9.00
date

Balance Due..... 7' 15'
side yds. rear yd

WORK INFORMATION:
BUILDING: Garage Fl. Area _____ Basement Fl. Area _____ Second Floor Area _____
Size: Length _____ Width _____ Stories _____ Ground Floor Area _____
Height _____ Building Volume (for deoa. permit) _____ cu. ft.

Description of Work: add a Deck

PAID

AUG 09 1991

CITY OF NAPOLEON

Continue on Back Side for Electrical, Plumbing and Mechanical and other Information;

ELECTRICAL: Electrical Contractor _____ Pn. _____

Address _____ Estimated Cost \$ _____

Type of work: New _____ Service change _____ Rewiring _____ Additional Wiring _____ Temp. Elec. Req. _____
yes no

Size of service _____ Underground _____ Overhead _____ No. of new circuits _____

Description of work: _____

PLUMBING: Plumbing Contractor _____ Pn. _____

Address _____ Estimated Cost \$ _____

Water Tap Req. _____ Size _____ Type of Pipe _____ Water Dist. Pipe _____
yes no type

San. Sewer Tap Req. _____ Size _____ Type of Pipe _____ Dr. Waste Vt. Pipe _____
yes no type

St. Sewer Tap Req. _____ Size _____ Type of Pipe _____ Street to be Opened _____
yes no 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 _____ No. _____

Description of Work: _____

MECHANICAL: Mechanical Contractor _____ Pn. _____

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 _____ Other _____

Description of Work _____

DRAWINGS REQUIRED: All Applications must be Accompanied by Two Complete sets of Drawings Including SITE PLAN, FOUNDATION PLAN, FLOOR PLANS, STRUCTURAL FRAMING PLANS, EXTERIOR ELEVATIONS, SECTIONS and DETAILS, STAIR DETAILS, ELECTRICAL LAYOUT, PLUMBING ISOMETRIC, HEATING LAYOUT ETC. All plans shall be DRAWN TO SCALE. Show all existing structures on the site plan 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 Dept. Rules and Regulations, Standard Specifications and other Pertinent Sections of the Napoleon Code of Ordinances.

Date _____ Signature of Applicant _____

Application not valid without signature