

PERMIT

CITY OF NAPOLEON, OHIO — DEPT. OF BUILDING & ZONING
255 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 592-4010

Permit No. 071 Date June 16, 1980
Job Location 830 Hobson Valuation \$ 6,500.00
Owner Mrs. Carl Gerken Address 1095 Clairmont
Contractor Waisner Construction Telephone No. 592-6446
Address Rt. 1 Holgate Oh.
Electric Contractor _____
Plumbing Contractor _____
Mechanical Contractor _____

This permit is issued for work described in the plans, specifications, and/or application submitted, as approved by the Building Commissioner of the City of Napoleon, Ohio. Work shall conform to all pertinent construction and land use Codes and Ordinances.

Work Information:

Residential XX 1 Commercial _____ Industrial _____
No. dwelling units
New Construction _____ Addition _____ Remodel XX
Brief Description of Work Installing Vinyl Siding

ISSUED BY Richard M. Hayman DEPT. OF BUILDING & ZONING
Building Official

It is the owners or contractors responsibility to call the Building Department for the following (X) inspections:

- Footing excavation prior to placing concrete.
- Footing drains and foundation prior to backfill.
- Prepared sub-grade prior to placing concrete floor slab.
- Sanitary sewer
- Rough-in electrical, plumbing and service framing prior to installing wall board.
- Final electrical, plumbing and heating.
- Final building inspection, prior to occupancy.

PERMIT & FEES

Building Permit	\$ <u>3.00</u>
Electrical Permit	\$ _____
Plumbing Permit	\$ _____
Mechanical Permit	\$ _____
Demolition Permit	\$ _____
Zoning Permit	\$ _____
Sign Permit	\$ _____
Water Tap	\$ _____
Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other	\$ _____

TOTAL FEES	\$ <u>3.00</u>
LESS FEES PAID	\$ <u>-0-</u>
BALANCE DUE	\$ <u>3.00</u>

PAID
JUN 16 1980
CITY OF NAPOLEON

Permit is not valid until all fees are paid in full, and shall be void if work is not started within six months of date above.

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Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other _____	\$ _____

TOTAL FEES \$ 3.00

LESS FEES PAID \$ 70.00

BALANCE DUE \$ _____

PAID

JUN 16 1980

CITY OF NAPOLEON

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INSPECTION RECORD

UNDERGROUND		ROUGH-IN &			FINAL	
Type	Date	By	Type	Date	By	
PLUMBING	Sewer Connection		Drainage, W. & Vent		Drainage, W. & Vent	
	Building Sewer		Water Piping		Water Heater	
	Water Piping		Condensate Lines		Backflow Prevention	
			Indirect Waste			
ELECTRICAL	Floor Ducts Raceways		Rough Wiring		FINAL APPROVAL	
	Conduits & or Cable		Conduits/ Cable		Signs	
	Grounding & or Bonding		Service Panel Switchboard		Electric Mtr. Clearance	
			Subpanels			
			<input type="checkbox"/> Range <input type="checkbox"/> Dryer		FINAL APPROVAL	
			Refrigerant Piping		Duct Insulation	
MECHANICAL	Ducts/ Plenums		Ducts/ Plenums		Chimney(s)	
			Ventilation <input type="checkbox"/> Supply		Furnace(s)	
			<input type="checkbox"/> Exhst.		FINAL APPROVAL	
	Location, Set-backs, Esmt(s)		Wall Construction		Fireplace Chimney	
BUILDING	Excavation		Crawl Space <input type="checkbox"/> Vent <input type="checkbox"/> Access		Attic <input type="checkbox"/> Vent <input type="checkbox"/> Access	
	Footings & Reinforcing		Floor System(s)		Special Insp Reports Rec'd	
	Sub-soil Drain		Roof System		Smoke Detector	
	Foundation Walls		Fire Wall(s)		Demolition (sewer cap)	
	Floor Slab		Roof Cover Roof Drain		Building or Structure	
	FINAL APPROVAL BLDG. DEPT.			Certificate of Occupancy Issued		#

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 830 Hudson St. Cost of project Estimate 6,500.-

Owner's Name Mrs. Carl W. Gerken Address 1095 Clairmont

Contractor Waisner Construction Co. Telephone No. 592-6446

Address Rte 1., Volgate, Ohio

Lot Information: (not required for siding job)

Lot No. _____ Subdivision _____

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 Vinyl

Brief Description of Work: Siding panels & chimney repair (Specific Type)

Size: Length _____ Width _____ No. of Stories 1

Area: 1st Floor _____ sq. ft. Basement _____ sq. ft.

2nd Floor _____ sq. ft. Accessory Building _____ 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 6-16-80 Applicants Signature Mrs. Carl W. Gerken

PERMIT NO. _____
PERMIT FEE \$ 3.00

