

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

Permit No. 2595 Issued 4-7-92

Job Location 838 Hobson

Lot _____

Issued by Brent N. Damman

Owner Robert Small 599-1466

Address 838 Hobson, Napoleon, Ohio

Agent Self

Address _____

Use Type - Residential xx

Other - Describe _____

No. Dwelling Units 1

New _____ Replacement _____

Add'n. _____ Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 350.00

| FEES | BASE | PLUS | TOTAL |
|--|----------------|----------|----------------|
| <input checked="" type="checkbox"/> Building | \$ <u>9.00</u> | \$ _____ | \$ <u>9.00</u> |
| <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..... | | | \$ <u>9.00</u> |
| LESS FEES PAID..... | | | \$ _____ |
| BALANCE DUE..... | | | \$ <u>9.00</u> |

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: Front porch deck

Date 4-7-92 Applicant Signature _____

PAID

APR 10 1992
 CITY OF NAPOLEON
 Gold-County Auditor

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 | | | <i>Front Porch</i> | <i>Apr 60</i> | | <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. | | |
| | | | | Roof System | | | Special Insp Reports Rec'd | | | Certificate of Occupancy Issued | | |
| ADDITIONAL | INSPECTIONS, CORRECTIONS, ETC. | | | | | | INSPECTIONS, CORRECTIONS, ETC. | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

PAID
APR 10 1960
CITY OF WASHINGTON

APPLICATION
for
RESIDENTIAL, BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, PERMITS AND DEMOLITION
from the
CITY OF NAPOLEON - BUILDING DEPARTMENT
255 West Riverview Avenue, Napoleon, Ohio 43545 - Phone 419-592-4010

| | | | | |
|--|---|---|----------------|----------------|
| Entry No. _____ | | <u>BASE</u> | <u>PLUS</u> | <u>TOTAL</u> |
| Permit No. <u>2595</u> Issued <u>4-7-92</u> | : | <input checked="" type="checkbox"/> Building \$ <u>9.00</u> | \$ _____ | \$ <u>9.00</u> |
| Job Location <u>838 Hobson</u> | : | Electrical \$ _____ | \$ _____ | \$ _____ |
| Lot _____ | : | Plumbing \$ _____ | \$ _____ | \$ _____ |
| sub-div or legal description _____ | : | Mechanical \$ _____ | \$ _____ | \$ _____ |
| Issued by <u>BND</u> | : | Demolition \$ _____ | \$ _____ | \$ _____ |
| Building Official _____ | : | Zoning \$ _____ | \$ _____ | \$ _____ |
| Owner <u>Robert Small</u> Phone <u>599-1466</u> | : | Sign \$ _____ | \$ _____ | \$ _____ |
| Address <u>838 Hobson</u> | : | Water Tap \$ _____ | \$ _____ | \$ _____ |
| Agent <u>self</u> Phone _____ | : | Sewer Tap \$ _____ | \$ _____ | \$ _____ |
| Address _____ | : | Temp Water \$ _____ | \$ _____ | \$ _____ |
| Description of Use <u>Residential</u> | : | Temp Elec. \$ _____ | \$ _____ | \$ _____ |
| Residential _____ | : | Additional Structure _____ | Hours _____ | |
| (number dwelling units) _____ | : | Plan _____ | Hours _____ | |
| Commercial _____ Industrial _____ New _____ | : | Review _____ | Electric _____ | Hours _____ |
| New _____ Addition _____ Replacement _____ Remodel _____ | : | TOTAL FEES ----- | | \$ <u>9.00</u> |
| Mixed Occupancy _____ Change of Occupancy _____ | : | Less Fees Paid (date) _____ | \$ _____ | |
| Estimated Cost: \$ <u>350.00</u> | : | BALANCE DUE ----- | | \$ <u>9.00</u> |

ZONING INFORMATION:

| District | Lot Dimensions | Area | Front Yard | Side Yard | Rear Yard |
|----------|----------------|------|------------|-----------|-----------|
| | | | | | |

| Max. Hgt. | No. Pkg. Spaces | No. Ldg. Spaces | Max Cover | Petition or Appeal Required/Date |
|-----------|-----------------|-----------------|-----------|----------------------------------|
| | | | | |

WORK INFORMATION:

Building - Garage Floor Area _____ Basement Floor Area _____ 2nd Floor Area _____

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

Height _____ Building Volume (For Demolition Permit) _____ cubic feet

Description of Work: Front Porch Deck

ELECTRICAL: Electrical Contractor _____ Phone _____

Address _____ Estimated Cost: \$ _____

Type of Work: New _____ Service Change _____ Rewiring _____ Add'l. Wiring _____ Temp. Electric Required: Yes _____ No _____

Size of Service _____ Underground _____ Overhead _____ Number of New Circuits _____

Description of Work: _____

PLUMBING: 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 _____

St. Sewer Tap Req.: Yes _____ No _____ Size _____ 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 _____ Dishwasher _____

Clothes Washer _____ Floor Drains _____ Other (Fixtures/Type): _____

Description of Work: _____

MECHANICAL: 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 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 _____

Description of Work: _____

DRAWINGS REQUIRED: All Applications must be accompanied by two (2) complete set 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 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 Department Rules and Regulations, Standard Specifications and other Pertinent Sections of the Napoleon Code of Ordinances.

Dated: _____ Signature of Applicant _____