

PERMIT

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

Permit No. 01267 Issued 10-28-86
date

Job Location 907 Hobson Street
address

Lot _____
sub-div or legal discript

Issued By Eldon Huber
building official

Owner Mike Wagner 592-1426
name tel.

Address 907 Hobson Street

Agent Mike Wagner 592-1426
builder-eng.-etc. tel.

Address 907 Hobson Street

Description of Use Residence

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter X Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 1,200.00

	FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/>	BUILDING	3.00	3.00	6.00
<input type="checkbox"/>	ELECTRICAL			
<input checked="" type="checkbox"/>	PLUMBING	3.00	2.00	5.00
<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.....			\$11.00
	LESS MIN. FEES PAID _____			
	BALANCE DUE.....			

ZONING INFORMATION N.A.

district	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: Enlarge Bathroom and relocate tub and vanity

PAID
OCT 28 1986
CITY OF NAPOLEON

Date 10-27-86 Applicant Signature Michael H. Wagner
owner-agent

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

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

01267

Permit No. [REDACTED] Issued 10/27 date

Job Location 907 HOBSON ST. address

Lot _____ sub-div or legal discript

Issued By FH building official

Owner MIKE WAGNER 592-1426 name tel.

Address 907 HOBSON ST.

Agent MIKE WAGNER 592-1426 builder-eng.-etc. tel.

Address 907 HOBSON ST.

Description of Use RESIDENCE

Residential 1 no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter X Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 1200.⁰⁰

FEE	BASE	PLUS	TOTAL
BUILDING	3.00	3.00	6.00
ELECTRICAL			
PLUMBING	3.00	2.00	5.00
MECHANICAL			
DEMOLITION			
ZONING			
SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			<u>11.00</u>
LESS MIN. FEES PAID _____ date			
BALANCE DUE.....			

ZONING INFORMATION N.A.

district	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. Dimensions _____ Sign Area _____

Additional Information: ENCARGE BATHROOM & RELOCATE TUB + VANITY

Date _____ Applicant Signature _____ owner-agent

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 _____ Cost of project 1,200

Owner's Name MIKE WAGNER Address 907 Hobson St Nap. Oh.

Contractor SELF Telephone No. 592-1426

Address 907 Hobson St Nap. Oh.

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 _____

Brief Description of Work: To ENLARGE existing half bath and
add a tub & shower (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: _____

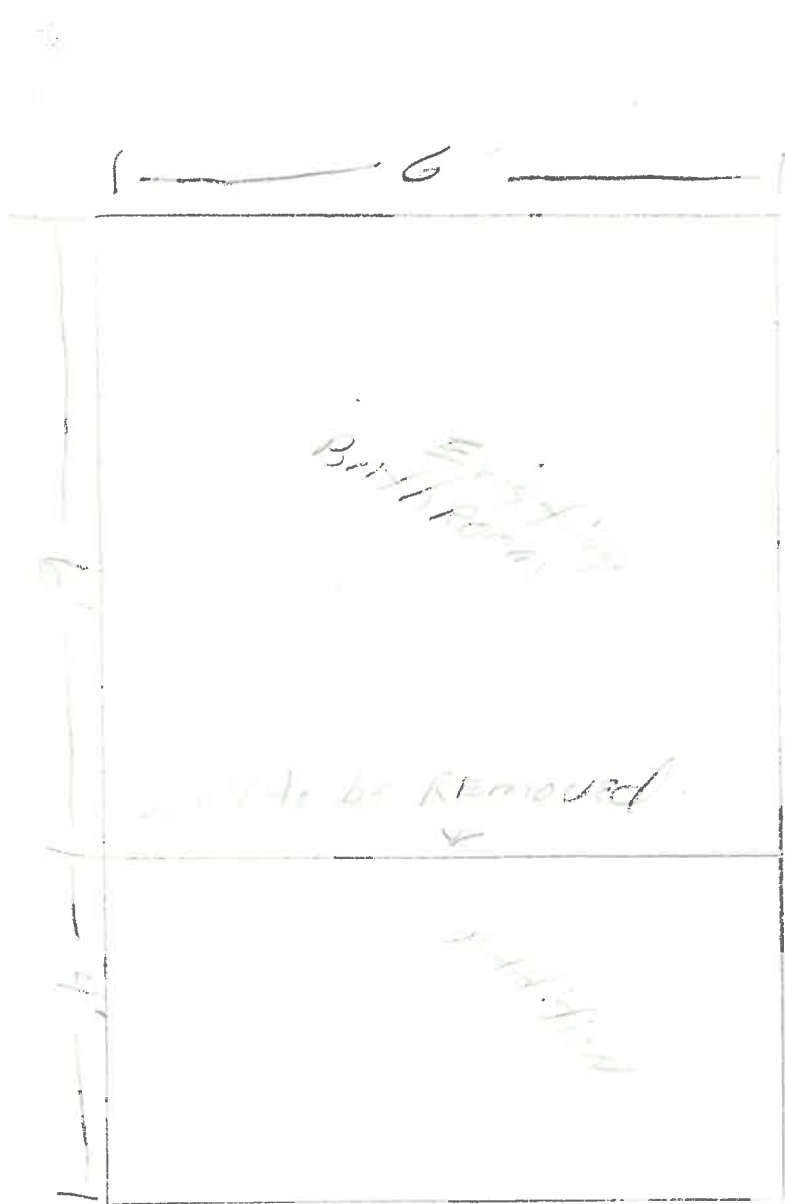
APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: ELEVATIONS, FLOOR PLANS, CROSS SECTIONS AND PLOT PLAN. IF ADDITION OR REMODELING, SHOW ALL EXISTING STRUCTURES AND THEIR SIZE AND LOCATION. ALL PLANS SHALL BE DRAWN TO SCALE.

Date 10-24-86 Applicant's Signature Michael H. Wagner

DRAW PLOT PLAN REVERS SIDE

PERMIT NO.

PERMIT FEE \$



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

The undersigned hereby makes application for the installation or replacement of plumbing work as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Plumbing Codes. (1, 2 and 3 family dwelling units only).

Owner's Name MIKE WAGNER Address 907 Hobson St.
 Plumbing Contractor SELF Telephone No. 592-1426
 Address 907 Hobson St Napoleon Ohio

General Contractor _____ Telephone No. _____
 Address _____

Location of Project 907 Hobson St Cost of Project \$150.00

Work Information:

No. of dwelling units _____ New _____ Replacement _____ Addition _____

Brief description of work: Add two traps and connect hot & cold water to vanity and tub.

Hot water tap required _____ Size _____ Type of Pipe _____

Cold water tap required _____ Size _____ Type of Pipe _____

Type of Water Distribution pipe PVC

Type of Drainage, Waste and Vent Pipe PVC

Size of main building drain 4" Size of main vent pipe 2"

Water closets 0 Bathtubs 1 Shower _____
 No. Trap Size No. Trap Size

Bathrooms 1 1/4 Kitchen Sink _____ Disposal _____
 No. Trap Size No. Trap Size No. Trap Size

Dishwasher _____ Clothes Washer _____ Other _____
 No. Trap Size No. Trap Size No. Trap Size

All installations are subject to plumbing tests and/or inspections.

Date 10-27-86 Applicant's Signature Michael W. Wagner

PERMIT NO. _____
 PERMIT FEE \$ _____

