

**CITY OF NAPOLEON
BUILDING CONSTRUCTION PERMIT**

Owner Name Universal Coop. Inc.

Address Corner Co. Rd. 12 & Industrial Dr.

Builder Name David E. McDaniel Co., Inc.

Address 1055 W. Joliet Rd. Tel. _____
Valparaiso, Indiana

Lot Information:

Street No. Corner Co. Rd. 12 & Industrial Dr.

Lot _____ Subdivision Sec. 7 Liberty Twp

Lot Dimensions n/a Lot Area n/a Sq. Ft.

Yard Set Back: Front _____ Rear _____
Side N/A Side _____

Zoning District "I-1"

Building Information:

Intended use of Building Manufacturing (Permit is for installing sprinkler system in
entire existing building.)

O.B.C. Occupancy Chapter 1101:2-25

Residential _____ No. of Units _____ Commercial _____ Industrial XX

New Construction _____ Alteration _____ Addition _____ Remodel XX

Size: Length See Plans Width See Plans No. of Stories 1

Floor Area: 1st Floor _____ 2nd Floor _____ 3rd Floor _____ Basement _____

Foundation: Piers _____ Full Basement _____ Part Basement _____
Concrete _____ Block _____

Wall: Frame _____ Block _____ Brick _____ Other _____

Electrical Work to be done: _____

Additional Information: This permit shall comply with the attached addendum.

Date July 17 Applicant Signature _____

Owner - Builder - Agent

Inspection Record:

Work Started _____ Foundations _____ Final Electrical _____

Set Back, Side Lines _____ Erecting Frame _____ Heating _____

Excavation _____ Electrical Rough In _____ Air Conditioning _____

Footing _____ Electrical Service _____ Final Structural 6/10/77 BY P.E.J. (P.P.)

Comments: _____

OVER

Certificate of Occupancy Issued _____

Inspector

White - Applicant Yellow - Crk. Treas. Pink - Eng. Green - Elec. Insp. Gold - Co. Auditor

Permit No. 301-775

Issued March 8, 1977

By James W. [Signature]
Building Inspector

Estimated Cost _____

Fees	Base	Plus	Total
Structural	\$35.00	---	\$35.00
Electrical	_____	_____	_____
Water Tap	_____	_____	_____
Sewer Tap	_____	_____	_____
Temporary Electric	_____	_____	_____
Additional Plan Review	_____	0 hrs.	-0-
TOTAL FEES	_____	_____	\$35.00
Less Minimum Fees Paid	_____	_____	-0-
BALANCE DUE	_____	_____	\$35.00