

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

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

Permit No. 01867 Issued _____ date _____

Job Location _____ address _____

Lot _____ sub-div or legal discript _____

Issued By _____ building official _____

Owner _____ name _____ tel. _____

Address _____

Agent _____ builder-eng.-etc. _____ tel. _____

Address _____

Description of Use _____

Residential _____ no. dwelling units _____

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ _____

FEES	BASE	PLUS	TOTAL
<input type="checkbox"/> BUILDING			
<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			
SEW. INSP.			
SEWER TAP			
TEMP. WATER			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs		
	Elect. _____ hrs		
TOTAL FEES.....			
LESS MIN. FEES PAID _____ date _____			
BALANCE DUE.....			

ZONING INFORMATION

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:

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: _____ type _____ Dimensions _____ Sign Area _____

Additional Information: _____

Date _____ Applicant Signature _____ owner-agent _____

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

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

Permit No. 01867 Issued _____ date _____

Job Location _____ address _____

Lot _____ sub-div or legal discript _____

Issued By _____ building official _____

Owner _____ name _____ tel. _____

Address _____

Agent _____ builder-eng.-etc. _____ tel. _____

Address _____

Description of Use _____

Residential _____ no. dwelling units _____

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ _____

FEES	BASE	PLUS	TOTAL
<input type="checkbox"/> BUILDING			
<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			
SEW. INSP.			
SEWER TAP			
TEMP. WATER			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs		
	Elect. _____ hrs		
TOTAL FEES.....			
LESS MIN. FEES PAID _____ date _____			
BALANCE DUE.....			

ZONING INFORMATION

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:

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: _____

Date _____ Applicant Signature _____
owner-agent

PERMIT

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

Permit No. 01867 Issued _____ date _____

Job Location _____ address _____

Lot _____ sub-div or legal discript _____

Issued By _____ building official _____

Owner _____ name _____ tel. _____

Address _____

Agent _____ builder-eng.-etc. _____ tel. _____

Address _____

Description of Use _____

Residential _____ no. dwelling units _____

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ _____

FEES	BASE	PLUS	TOTAL
<input type="checkbox"/> BUILDING			
<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			
SEW. INSP.			
SEWER TAP			
TEMP. WATER			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs _____		
	Elect. _____ hrs _____		
TOTAL FEES.....			
LESS MIN. FEES PAID _____ date _____			
BALANCE DUE.....			

ZONING INFORMATION

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:

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: _____

Date _____ Applicant Signature _____
owner-agent

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

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

Permit No. 01867 Issued _____ date _____

Job Location _____ address _____

Lot _____ sub-div or legal discript _____

Issued By _____ building official _____

Owner _____ name _____ tel. _____

Address _____

Agent _____ builder-eng.-etc. _____ tel. _____

Address _____

Description of Use _____

Residential _____ no. dwelling units _____

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ _____

FEES	BASE	PLUS	TOTAL
<input type="checkbox"/> BUILDING			
<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			
SEW. INSP.			
SEWER TAP			
TEMP. WATER			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			
LESS MIN. FEES PAID _____ date _____			
BALANCE DUE.....			

ZONING INFORMATION

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:

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: _____ type _____ Dimensions _____ Sign Area _____

Additional Information: _____

Date _____ Applicant Signature _____ owner-agent

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

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

Permit No. 01867 Issued _____ date _____

Job Location _____ address _____

Lot _____ sub-div or legal discript _____

Issued By _____ building official _____

Owner _____ name _____ tel. _____

Address _____

Agent _____ builder-eng.-etc. _____ tel. _____

Address _____

Description of Use _____

Residential _____ no. dwelling units _____

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ _____

FEES	BASE	PLUS	TOTAL
<input type="checkbox"/> BUILDING			
<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			
SEW. INSP.			
SEWER TAP			
TEMP. WATER			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs		
	Elect. _____ hrs		
TOTAL FEES.....			
LESS MIN. FEES PAID _____ date _____			
BALANCE DUE.....			

ZONING INFORMATION

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:

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: _____

Date _____ Applicant Signature _____
owner-agent

PERMIT

Permit No. 01867 Issued _____ date _____

Job Location _____ address _____

Lot _____ sub-div or legal discript _____

Issued By _____ building official _____

Owner _____ name _____ tel. _____

Address _____

Agent _____ builder-eng.-etc. _____ tel. _____

Address _____

Description of Use _____

Residential _____ no. dwelling units _____

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel _____



**BUILDING
ELECTRICAL
PLUMBING
MECHANICAL
DEMOLITION
ZONING
SIGN**

CITY OF NAPOLEON

Building Department

P. O. Box 151 - 255 West Riverview Avenue

Napoleon, Ohio 43545

419-592-4010

THIS CARD MUST BE DISPLAYED ON THE STREET SIDE OF THE BUILDING

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

CITY OF NAPOLEON - BUILDING DEPARTMENT

Entry No. _____ 255 West Riverview Ave. Napoleon, Ohio 43545 Pn. 419-592-4010

Permit No. <u>01867</u> Issued <u>10-25-89</u>	Ck. Permits Reg.	Base	Fees Plus	Total
Job Location <u>641 JAHNS RD</u>	<input checked="" type="checkbox"/> Building	<u>9.00</u>	<u>52.00</u>	<u>61.00</u>
Lot <u>1</u> <u>RIVERA HEIGHTS</u> sub-div. or legal disc.	<input checked="" type="checkbox"/> Electrical	<u>15.00</u>	<u>6.00</u>	<u>21.00</u>
Issued By <u>FH</u> building official	<input checked="" type="checkbox"/> Plumbing	<u>9.00</u>	<u>6.00</u>	<u>15.00</u>
Owner <u>JOHN KEARNEY</u> Pn <u>599-1415</u>	<input checked="" type="checkbox"/> Mechanical	<u>18.00</u>		<u>18.00</u>
Address <u>641 JAHNS RD</u>	Demolition			
Agent <u>GERMAN BUILDERS</u> Pn <u>592-1806</u>	Zoning			
Address <u>970 OAKWOOD</u>	Sign			
Description of Use <u>FAMILY RM RESIDENCE</u>	Water tap			
	Sewer Tap			
Residential <u>1</u> no. dwelling units	Temp. Water			
Commercial _____ Industrial _____	Temp. Elec.			
New _____ Add'n. <input checked="" type="checkbox"/> Alter _____ Remodel _____	Additional struc. _____ hrs			
Mixed Occupancy _____	plan review _____			
Change of Occupancy _____	Elect. _____ hrs			
Estimated Cost \$ <u>11,700⁰⁰</u>	Total Fees.....			<u>115.00</u>
	Less Min. Fees Pd. _____			

-ZONING INFORMATION

district <u>A</u>	lot dimensions <u>72.30 x 154.17 x 125</u>	area <u>14,154</u>	front yd <u>35</u>	side yds. <u>35 55</u>	rear yd <u>48</u>
max hgt <u>35'</u>	no pkg spaces <u>2-444</u>	no ldg spaces _____	max cover <u>35%</u>	petition or appeal req'd. _____	date appr _____

WORK INFORMATION:

BUILDING: Garage Fl. Area _____ Basement Fl. Area _____ Second Floor Area _____

Size: Length 20 Width 18 Stories 1 Ground Floor Area 360*

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

Description of Work: FAMILY RM ADDITION

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

RESIDENTIAL PLAN CORRECTION SHEET

CITY OF NAPOLEON
255 West Riverview Avc.
Napoleon, Ohio 43545
419/592-4010

ADDENDUM TO Permit No. 01861-(1)
Owner JOHN YEAPPEY
Contractor GERMANN ROULDERS
Location 691 JOHNS RD

Please note the items checked below and incorporate them into your plans as indicated: PERMIT NOT YET ISSUED, CORRECT PLANS AND RE-SUBMIT. PERMIT ISSUED, INCORPORATE ITEMS DURING CONSTRUCTION.

GENERAL			
<input checked="" type="checkbox"/>	Provide approved smoke detector(s) as req'd.		Show size of members supporting porch roof.
	Provide 1/2" gypsum wallboard between dwelling and garage, on garage side.		Provide double top plate for all bearing partitions and exterior walls.
	Provide min. 1 3/8" solid wood door from garage to dwelling. (or equal)	<input checked="" type="checkbox"/>	Provide design data for prefab wood truss.
	Submit fully dimensioned plot plan.		Ceiling joists undersized in _____
	Provide min. of 1-3'0" x 6'8" exit door.		Roof rafters undersized in _____
	Provide min. 22" x 30" attic access opening.		PLUMBING AND MECHANICAL
	Provide min. 18" x 24" crawl space access opening.		Terminate all exhaust systems to outside air.
	Provide approved sheathing or flashing behind masonry veneer.		Insulate ducts in unheated areas.
	Provide min. 15# underlayment on roof.		Provide backflow prevention device on all hose bibs.
	Provide adequate fireplace hearth.		Terminate pressure and temperature relief valve drain in an approved manner.
	Install factory built fireplaces/stoves according to manufacturers instructions.		Provide dishwasher drain with approved air gap device.
	Terminate chimney 2' above roof or 2' above highest point of building within 10' of chimney.		METAL VENEERS
	LIGHT AND VENTILATION		Contact City Utilities Dept. to remove conductors and/or meter.
<input checked="" type="checkbox"/>	Provide mechanical exhaust or window in bathroom - <u>UTILITY ROOM</u>		Provide approved system of grounding and bonding.
	Provide min. _____ Sq. In. net free area attic ventilation.		ELECTRICAL
	Provide min. _____ Sq. In. net free area crawl space ventilation.		Show location of service entrance panel and service equipment panel.
	FOUNDATION		G. F. C. I. req'd. on temporary electric.
	Min. depth of foundation below finished grade is 32".		Outdoor, bathroom and garage receptacles shall be protected by G. F. C. I.
	Min. size of footer _____ " x _____ "		Maximum number of receptacles permitted on a G. F. C. I. circuit shall be 10 for 20 A. circuits and 7 for 15A. circuits.
<input checked="" type="checkbox"/>	Provide anchor bolts 1/2" @ 6' o.c. 1' from each corner. Embedded 7" in concrete and 15" in masonry.		Refrigerators, microwaves, washers, disposal, furnace and air conditioners shall be on separate circuits.
	Show size of basement columns.		INSPECTIONS
	FRAMING		The following indicated inspections are required. The owner or his agent shall contact the City Building Dept. at least 24 hrs prior to the time the inspection is to be made.
	Show size of wood girder in _____.	<input checked="" type="checkbox"/>	Footers and Setbacks.
	Provide design data for structural member in _____.	<input checked="" type="checkbox"/>	Building sewer.
	Floor joists undersized in _____.	<input checked="" type="checkbox"/>	Foundation.
	Provide double joists under parallel bearing partitions.	<input checked="" type="checkbox"/>	HVAC rough-in.
<input checked="" type="checkbox"/>	Provide 1" x 4" let in corner bracing, approved sheathing, or equal.	<input checked="" type="checkbox"/>	Plumbing rough-in.
	Show size of headers for openings over 4' wide _____.	<input checked="" type="checkbox"/>	Final Building other,
		<input checked="" type="checkbox"/>	Plumbing final.
		<input checked="" type="checkbox"/>	Electrical service.
		<input checked="" type="checkbox"/>	Electrical rough-in.
		<input checked="" type="checkbox"/>	Electrical final
			<u>BUILDING FRAMING</u>

Additional Corrections. _____

The approval of plans and specifications does not permit the violation of any section of the Building Code or other City Ordinance. This addendum is attached to Permit No. 01861 and made a part thereof. DATE APPROVED OR DISAPPROVED 10-25-89 Checked by ELDON HUBER Plan Examiner.

DATE RECHECKED AND APPROVED _____

Checked by _____