

P E R M I T

CITY OF NAPOLEON
255 W. RIVERVIEW AVE
NAPOLEON, OHIO 43545

DIVISION OF BUILDING & ZONING
PH (419) 592-4010
FAX (419) 599-8393

PERMIT NO: 395 DATE ISSUED: 11-02-00 ISSUED BY: BND
JOB LOCATION: 2404 KENJAMES CRT EST. COST: 100000.00

LOT #: SUBDIVISION NAME: KENJAMES CONDOS

OWNER: BECKS CONSTRUCTION CO AGENT: BECKS CONSTRUCTION C
ADDRESS: 11622 CO RD M ADDRESS: 11-622 CO RD M
CSZ: NAPOLEON, OH 43545 CSZ: NAPOLEON, OH 43545
PHONE: 419-592-8307 PHONE: 419-592-8307

USE TYPE - RESIDENTIAL: X OTHER:

ZONING INFORMATION

DIST: C-4 LOT DIM: N/A AREA: FYRD: 20' SYRD: N/A RYRD: 25'
MAX HT: 45' # PKG SPACES: 2 # LOADING SP: MAX LOT COV: 45%

BOARD OF ZONING APPEALS:

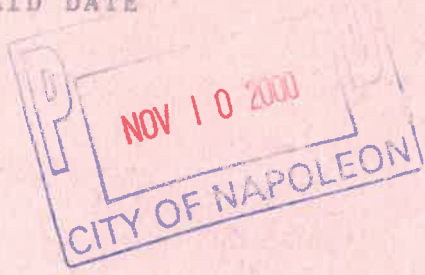
WORK TYPE - NEW: X REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: 49' WIDTH: 55' STORIES: 1 LIVING AREA SF: 1494
GARAGE AREA SF: 506 HEIGHT: 20' BLDG VOL DEMO PERMIT:

WORK DESCRIPTION
NEW HOME (CONDO)

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		237.00
ELECTRICAL PERMIT		85.00
PLUMBING PERMIT		42.00
MECHANICAL PERMIT		20.00
WATER TAP PERMIT		655.00
SEWER PERMIT		214.00



TOTAL FEES DUE 1253.00

11/10/2000
DATE

[Signature]
APPLICANT SIGNATURE

APPLICATION FOR

Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit
FROM - The City of Napoleon, Ohio, Building Department
 255 West Riverview Avenue; P.O. Box 151; Napoleon, Ohio 43545 - Telephone (419) 592-4010

ENTRY NO. _____

PERMIT NO. _____ ISSUED _____

JOB LOCATION 2404 Ken James Crt.

LOT _____
 (Subdivision or Legal Description)

ISSUED BY _____
 (Building Official)

OWNER Beck Const. PHONE _____

ADDRESS _____

AGENT _____ PHONE _____

ADDRESS _____

USE: Residential Commercial Industrial
 Other _____

WORK: New Addition Replacement Remodel

ESTIMATED COST = \$ 100,000 ~~500,000~~

	<u>Base</u>	<u>Plus</u>	<u>Total</u>
<input type="checkbox"/> Building	\$ _____	\$ _____	\$ <u>237.00</u>
<input type="checkbox"/> Electrical	\$ _____	\$ _____	\$ <u>85.00</u>
<input type="checkbox"/> Plumbing	\$ _____	\$ _____	\$ <u>42.00</u>
<input type="checkbox"/> Mechanical	\$ _____	\$ _____	\$ <u>20.00</u>
<input type="checkbox"/> Demolition	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Zoning	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sign	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Water Tap	\$ _____	\$ _____	\$ <u>455.00</u>
<input type="checkbox"/> Sewer Tap	\$ _____	\$ _____	\$ <u>214.00</u>
<input type="checkbox"/> Temp Water	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp Elec.	\$ _____	\$ _____	\$ _____

Additional Structure _____ Hours _____
 Plan Review: Electric _____ Hours _____

TOTAL FEES \$ _____
 Less Fees Paid \$ _____
 BALANCE DUE \$ _____

ZONING INFORMATION

<u>District</u>	<u>Lot Dimensions</u>	<u>Area</u>	<u>Front Yard</u>	<u>Side Yard</u>	<u>Rear Yard</u>
			<u>20'</u>	<u>N/A</u>	<u>25</u>

<u>Max Height</u>	<u>No. Pkg. Spaces</u>	<u>No. Ldg. Spaces</u>	<u>Max Cover</u>	<u>Petition or Appeal Required-Date</u>

WORK INFORMATION

Building: Ground Floor Area 1494 sq. ft. Basement Floor Area _____ sq. ft.
 Garage Floor Area 506 sq. ft. 2nd Floor Area _____ sq. ft. Other _____ sq. ft.
 Size: Length 49 Width 55 Stories 1 Height 20
 Building Volume (for Demolition Permit) _____ cubic feet
 Description of Work: New Home (Condo)

ELECTRICAL: Contractor _____ Phone _____
Address _____ ESTIMATED COST = \$ _____
Type of Work: ()New ()Service Change ()Rewiring ()Add'l Wiring TEMPORARY ELEC. REQUIRED - ()Yes ()No
Size of Service _____ Underground _____ Overhead _____ Number of New Circuits _____

Description of Work: _____

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 _____

STREET SEWER TAP REQUIRED - ()Yes ()No 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 = _____
Clothes Washer = _____ Floor Drains = _____ Dishwasher = _____ Other _____ Total = _____

Description of Work: _____

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 (1) Pipe ()Two (2) Pipes ()Series Loop

ELECTRIC HEAT - Number of Circuits _____ Number of Furnaces _____ Number of Hot Air Runs _____

Number 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 sets 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, and 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.

Signature of Applicant _____ Date _____

CITY OF NAPOLEON

WATER METER YOKE RELEASE FORM

THIS DOCUMENT ENTITLES THE HOLDER TO "ONE" WATER METER YOKE ASSEMBLY
(Please pickup at City Operations Department 1775 Industrial Drive).

PERMIT #: 395

ISSUED: 11-02-2000

JOB LOCATION: 2404 KENJAMES CRT

OWNER: BECKS CONSTRUCTION CO

PHONE: 419-592-8307

ADDRESS: 11622 CO RD M NAPOLEON, OH 43545

CONTRACTOR: BECKS CONSTRUCTION CO

ADDRESS: 11-622 CO RD M NAPOLEON, OH 43545

PHONE: 419-592-8307

WATER TAP SIZE 1" 1.5" _____ 2" _____ OTHER _____

WATER METER YOKE SIZE 5/8" 3/4" _____ 1" _____ OTHER _____

NEW STRUCTURE EXISTING STRUCTURE _____ LAWN METER _____

WATER SERVICE LINE TO BE TYPE "K" COPPER OR "CTS" POLYETHELENE TUBING
OF 1" MINIMUM SIZE.

BACKFLOW DEVICE REQUIRED YES NO _____

TYPE OF BACKFLOW DEVICE REQUIRED Double check valve
assembly.

WATER METER YOKE INSTALLATION IS SUBJECT TO THE FOLLOWING CONDITIONS

- 1.) MUST BE LOCATED IN AN ACCESSIBLE AREA.
- 2.) MUST BE IN AN AREA WHICH IS NOT SUBJECT TO FREEZING TEMPERATURES.
- 3.) MUST BE AT LEAST 18" ABOVE FLOOR LEVEL (NO CRAWL SPACE INSTALLATIONS).
- 4.) MUST COMPLY WITH MINIMUM MOUNTING REQUIREMENTS (DRAWING AVAILABLE)

ISSUED BY _____ RECEIVED BY _____

1-Copy to: Building Dept, Water Dept, and Utilities Dept

CITY OF NAPOLEON

ELECTRIC METER BASE RELEASE FORM

THIS DOCUMENT ENTITLES THE HOLDER TO "ONE" ELECTRIC METER BASE
(Please pickup at the City operations garage 1775 Industrial Drive).

PERMIT #: 395

ISSUED: 11-02-2000

JOB LOCATION: 2404 KENJAMES CRT

WORK DESCRIPTION: NEW HOME (CONDO)

OWNER: BECKS CONSTRUCTION CO

ADDRESS: 11622 CO RD M NAPOLEON, OH 43545

OWNER PHONE: 419-592-8307

CONTRACTOR: BECKS CONSTRUCTION CO

ADDRESS: 11-622 CO RD M NAPOLEON, OH 43545

CONTRACTOR PHONE: 419-592-8307

ELECTRIC SERVICE UPGRADE _____ NEW SERVICE INSTALLATION X

INDUSTRIAL _____ COMMERCIAL _____ RESIDENTIAL X 1PHASE X 3PHASE _____

SIZE OF SERVICE 100AMP _____ 150AMP _____ 200AMP X 400AMP _____ OTHER _____

HUB SIZE - 1 1/4" _____ 1 1/2" _____ 2" _____

DESIRED VOLTAGE 120/240 X OTHER _____

UNDERGROUND SERVICE X OVERHEAD SERVICE _____

=====

DATE COMPLETED: _____ APPROVED BY: _____

OLD METER NUMBER: _____ NEW METER NUMBER: _____

COMMENTS:

CITY OF NAPOLEON WATER TAPPING PERMIT FORM

PERMIT #: 395

ISSUED: 11-02-2000

JOB LOCATION: 2404 KENJAMES CRT

SUBDIVISION NAME: _____ LOT #: _____

OWNER: BECKS CONSTRUCTION CO

ADDRESS: 11622 CO RD M NAPOLEON, OH 43545

CONTRACTOR: BECKS CONSTRUCTION CO PHONE: 419-592-8307

TAP SIZE: 1" X 1.5" _____ 2" _____ OTHER _____

AMOUNT PAID: 650.00 YOKE SIZE: 5/8"

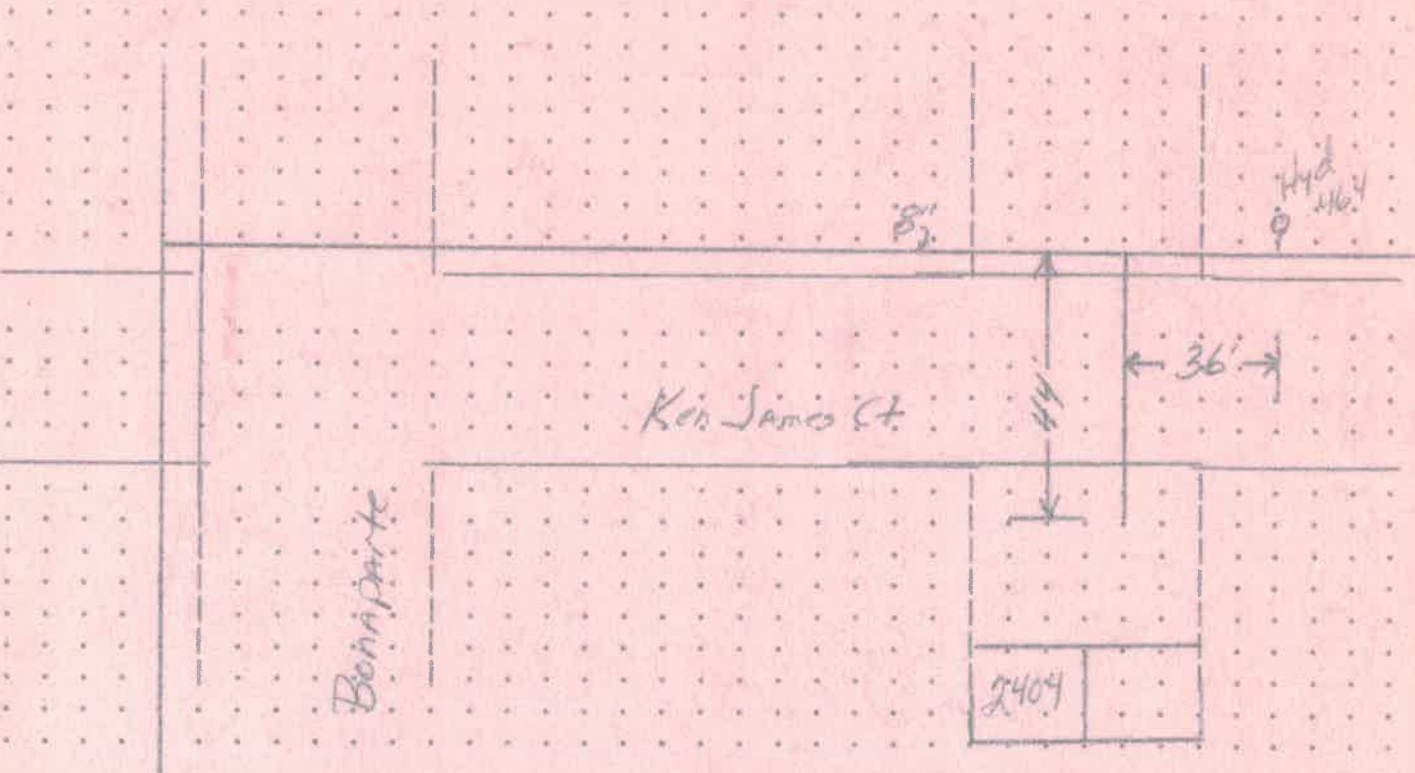
PLUMBING CONTRACTOR: Dave Clapp PH: 533-8881

DATE OF TAP: 11-20-00 OLD TAP #: _____ NEW TAP #: 0051

SIZE AND KIND OF MAIN: 8" C-900

LOCATION OF MAIN: 4' West of West CURB DEPTH OF MAIN: 5 1/2'

DIST FROM HYDRANT VALVE: 36' S of Hyd DIST TO CURB STOP FROM CORP: 44'



DATE APPROVED: Jan 15, 01 BY: Jeffrey C. Mantel

FORM NO. 11-01-2000

ISSUED BY THE

THE WATERWAYS TRUST FUND

PROJECT NAME: _____

OWNER: _____

ADDRESS: _____

CONTACT: _____

DATE: _____

PROJECT NO: _____

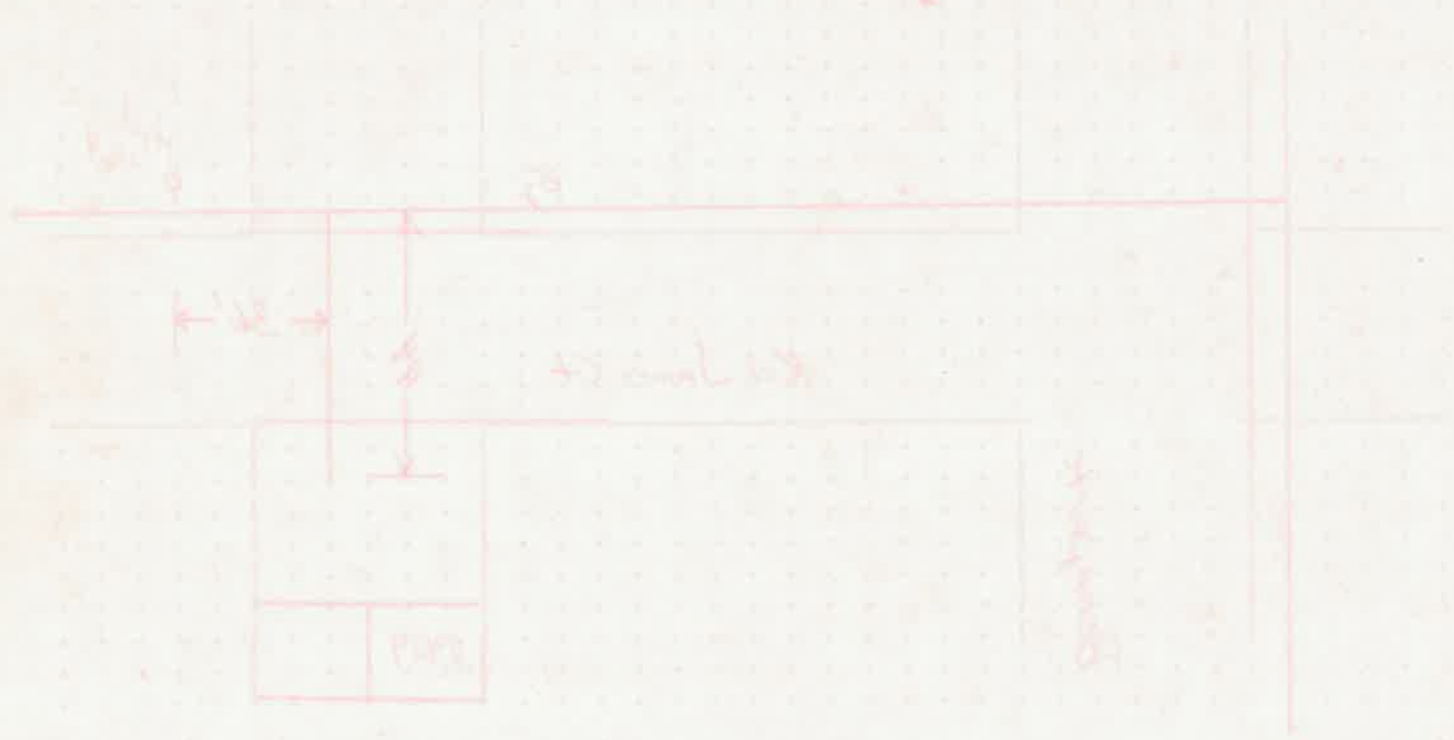
PROJECT DESCRIPTION: _____

DATE OF REPORT: _____

SCALE: _____

PROJECT LOCATION: _____

DATE OF FIELD WORK: _____



DATE: _____

CITY OF NAPOLEON WATER TAPPING PERMIT FORM

PERMIT #: 395

ISSUED: 11-02-2000

JOB LOCATION: 2404 KENJAMES CRT

SUBDIVISION NAME: _____ LOT #: _____

OWNER: BECKS CONSTRUCTION CO

ADDRESS: 11622 CO RD M NAPOLEON, OH 43545

CONTRACTOR: BECKS CONSTRUCTION CO PHONE: 419-592-8307

TAP SIZE: 1" X 1.5" _____ 2" _____ OTHER _____

AMOUNT PAID: 650.00 YOKE SIZE: 5/8"

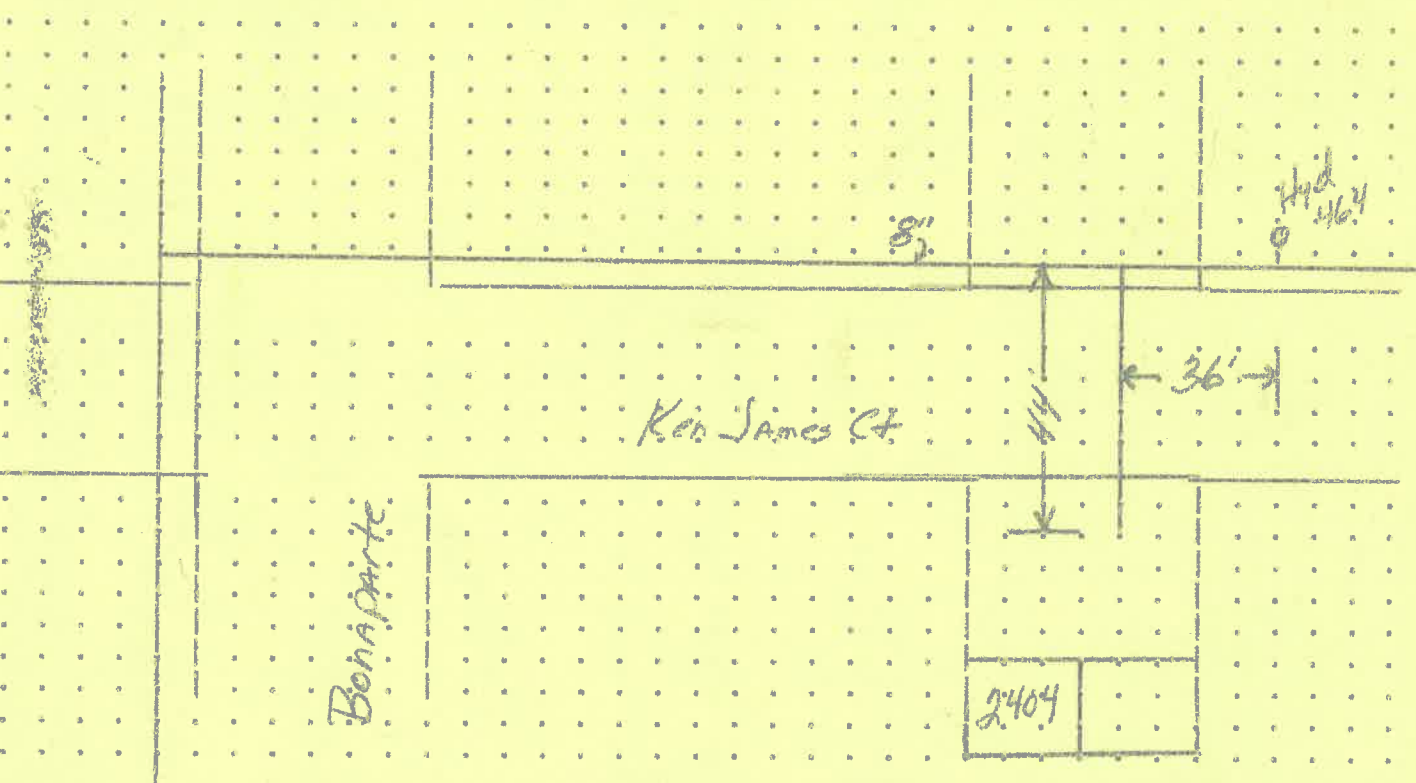
PLUMBING CONTRACTOR: Dave Clapp PH: 533-8881

DATE OF TAP: 11-20-00 OLD TAP #: _____ NEW TAP #: 0051

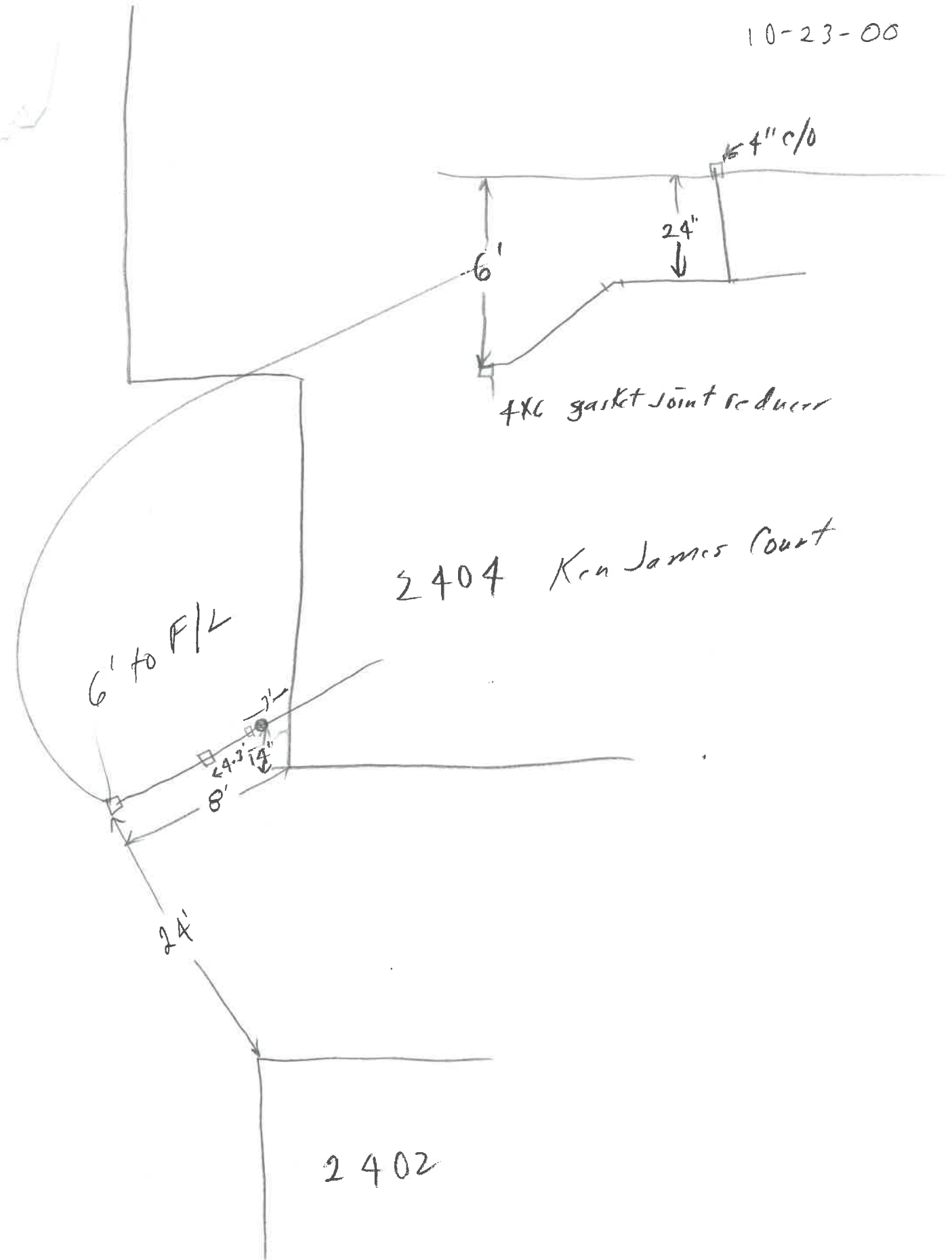
SIZE AND KIND OF MAIN: 8" C-900

LOCATION OF MAIN: 4' West of West curb DEPTH OF MAIN: 5 1/2'

DIST FROM HYDRANT VALVE: 36' S of Hyd 464 DIST TO CURB STOP FROM CORP: 44'



DATE APPROVED: Jan 15, 01 BY: Jeffrey C. Mantel



2404 Ken James Court

2402

