

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

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

Permit No. 02308 Issued 5-29-91
date

Job Location 1313 LaGrange
address

Lot 16 Bockelman's 2nd
sub-div or legal discript

Issued By Brent N. Damman
building official

Owner James Moser 592-9848
name tel.

Address 1313 LaGrange

Agent Jim Speiser & Sons 599-1846
builder-eng.-etc. tel.

Address P.O. Box 545, Napoleon, OH

Description of Use Residential

Residential 1
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 checked="" type="checkbox"/> ELECTRICAL	\$15.00		\$15.00
<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. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs Elect. _____ hrs		
TOTAL FEES.....			\$15.00
LESS MIN. FEES PAID _____ <small>date</small>			
BALANCE DUE.....			\$15.00

ZONING INFORMATION

district A	lot dimensions 70 x 110	area 7700	front yd 30'	side yds 7'	rear yd 15'
max hgt 35'	no pkg spaces 2 per	no ldg spaces	max cover 35%	petition or appeal req'd	date appr

PAID

JUN 05 1991

CITY OF NAPOLEON

WORK INFORMATION:

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____
 Height _____ Building Volume (for demo. permit) _____ cu. ft.

Electrical: Upgrade service to 200 AMP
brief description

Plumbing: _____
brief description

Mechanical: _____
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

Additional Information: _____


 owner-agent

Date 6-5-91 Applicant Signature _____

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

CITY OF NAPOLEON - BUILDING DEPARTMENT

255 West Riverview Ave. Napoleon, Ohio 43545 Pn. 419-592-4010

Entry No. _____

Permit No. 02332 Issued 6-17-91

Job Location 1313 La Grange

Lot 16 Backelman's Addition
sub-div. or legal disc.

Issued By BMD
building official

Owner Jim Moser Pn 592-9848

Address 1313 La Grange Napoleon, Oh

Agent Self Pn _____

Address _____

Description of Use Residential

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New X Add'n. _____ Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ ~~12,000.00~~ 10,000.00

Ch. Permits Reg.	Base	Fees Plus	Total
<input checked="" type="checkbox"/> Building	9.00	48.00	57.00
<input checked="" type="checkbox"/> Electrical		12.00	12.00
<input checked="" type="checkbox"/> Plumbing		9.00	9.00
<input checked="" type="checkbox"/> Mechanical	10.00	6.00	16.00
Demolition			
Zoning			
Sign			
Water tap			
Sewer Tap			
Temp. Water			
Temp. Elec.			

Additional struc. _____ hrs
plan review _____
Elect. _____ hrs
Total Fees..... 94.00
Less Min. Fees Pd. 6-17-91 date
Balance Due..... 94.00

ZONING INFORMATION

district	lot dimensions	area	front yd	side yds.	rear yd
<u>A</u>	<u>70 X 110.3</u>	<u>7721</u>	<u>30</u>	<u>7</u>	<u>15</u>
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd.	date appr
<u>35'</u>	<u>2 per</u>		<u>3.5%</u>		

WORK INFORMATION:

BUILDING: Garage Fl. Area _____ Basement Fl. Area _____ Second Floor Area _____
Size: Length _____ Width _____ Stories _____ Ground Floor Area _____
Height _____ Building Volume (for demo. permit) _____ cu. ft.

Description of Work: family, + Bathroom addition.

ELECTRICAL: Electrical Contractor Spieser Electric Pn. _____

Address _____ Estimated Cost \$ _____

Type of work: New _____ Service change _____ Rewiring _____ Additional Wiring _____ Temp. Elec. Req. _____
yes no

Size of service _____ Underground _____ Overhead _____ No. of new circuits 3

Description of work: addition to home

PLUMBING: Plumbing Contractor _____ Pn. _____

Address _____ Estimated Cost \$ _____

Water Tap Req. _____ Size _____ Type of Pipe _____ Water Dist. Pipe _____ type
yes no

San. Sewer Tap Req. _____ Size _____ Type of Pipe _____ Dr. Waste Vt. Pipe _____ type
yes no

St. Sewer Tap Req. _____ 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 1 Bathtubs 1 Showers _____ Lavatories 1 Kitchen Sinks _____ Disposal _____ Dishwasher _____ Clothes Washer _____

Floor Drains _____ Other Fixtures: Type _____ No. 3

Description of Work: _____

MECHANICAL: Mechanical Contractor _____ Pn. _____

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 _____

No. of Heat Zones _____ Hot Water: (One Pipe _____ Two Pipe _____ Series Loop _____) Electric Heat: (No of Circuits _____) No. of Furnaces _____

No. of Hot Air Runs 2 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 _____ Other _____

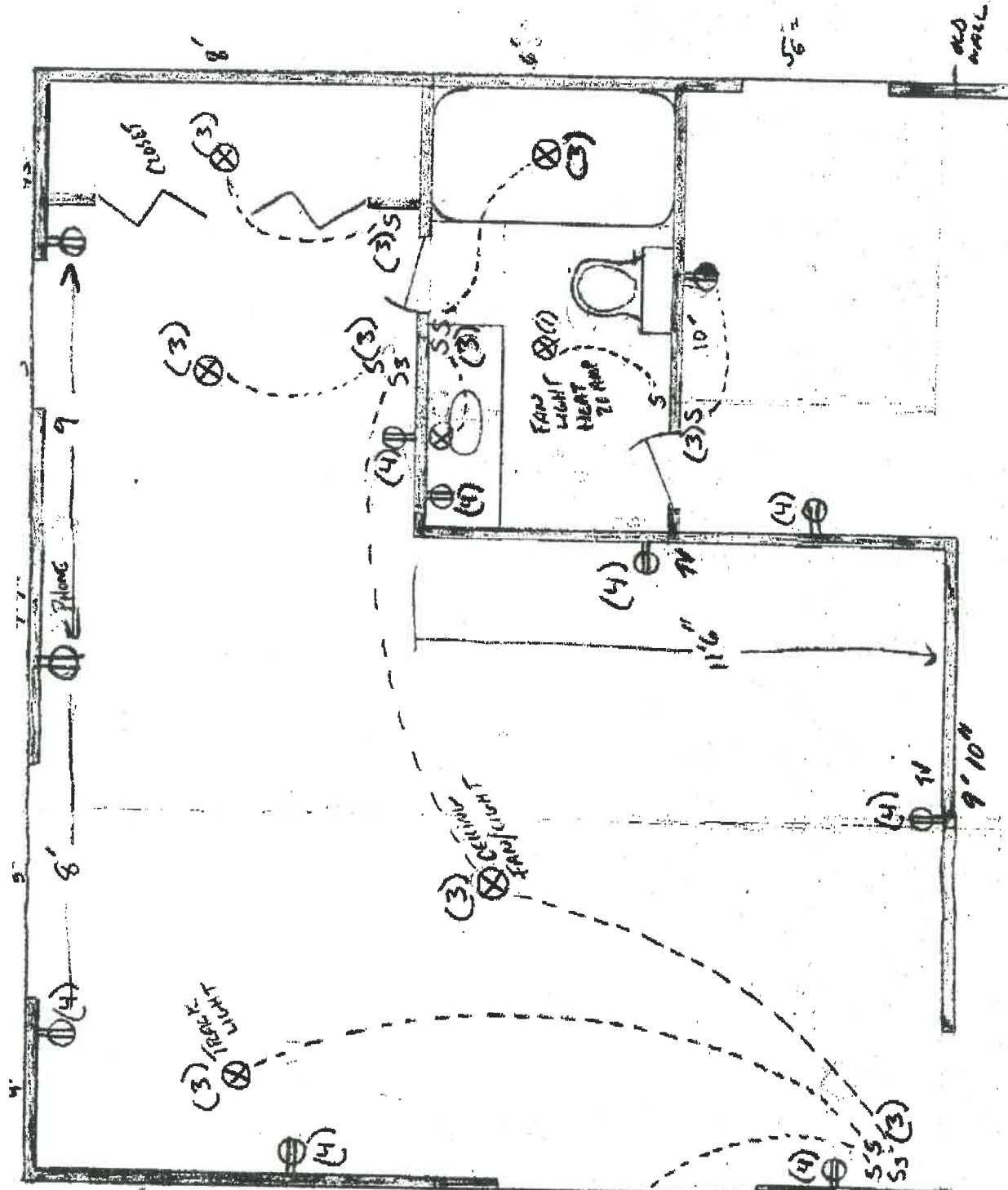
Description of Work addition to home, Central air

DRAWINGS REQUIRED: All Applications must be Accompanied by Two Complete sets of Drawings Including SITE PLAN, FOUNDATION PLAN, FLOOR PLANS, STRUCTURAL FRAMING PLANS, EXTERIOR ELEVATIONS, SECTIONS and DETAILS, STAIR DETAILS, ELECTRICAL LAYOUT, PLUMBING ISOMETRIC, HEATING LAYOUT ETC. All plans shall be DRAWN TO SCALE. Show all existing structures on the site plan 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 Dept. Rules and Regulations, Standard Specifications and other Pertinent Sections of the Napoleon Code of Ordinances.

Date _____ Signature of Applicant _____

Application not valid without signature



- 1. Fan/HEATER/LIGHT 20 AMP
- 2. Bath 1/2 amp
- 3. CEILING 20 AMP
- 4. WALL 20 AMP

WATER ROOM



MBS Polymet, Inc.

P.O. Box 519 • Wauseon, OH 43567 • (419) 335-1010 • FAX (419) 335-1030

FACSIMILE TRANSMISSION COVER SHEET

SEND TO:

NAME BEENT DAMAN

DIVISION/COMPANY _____

CITY/STATE _____

FAX NUMBER _____

NO. OF PAGES
BEING SENT - INCLUDING COVER PAGE 2

REMARKS: Please Review Layout
& Advise any changes required
call to discuss if you wish

FROM:

NAME Jim More

COMPANY MBS POLYMET, INC.

FAX NUMBER 419-335-1030

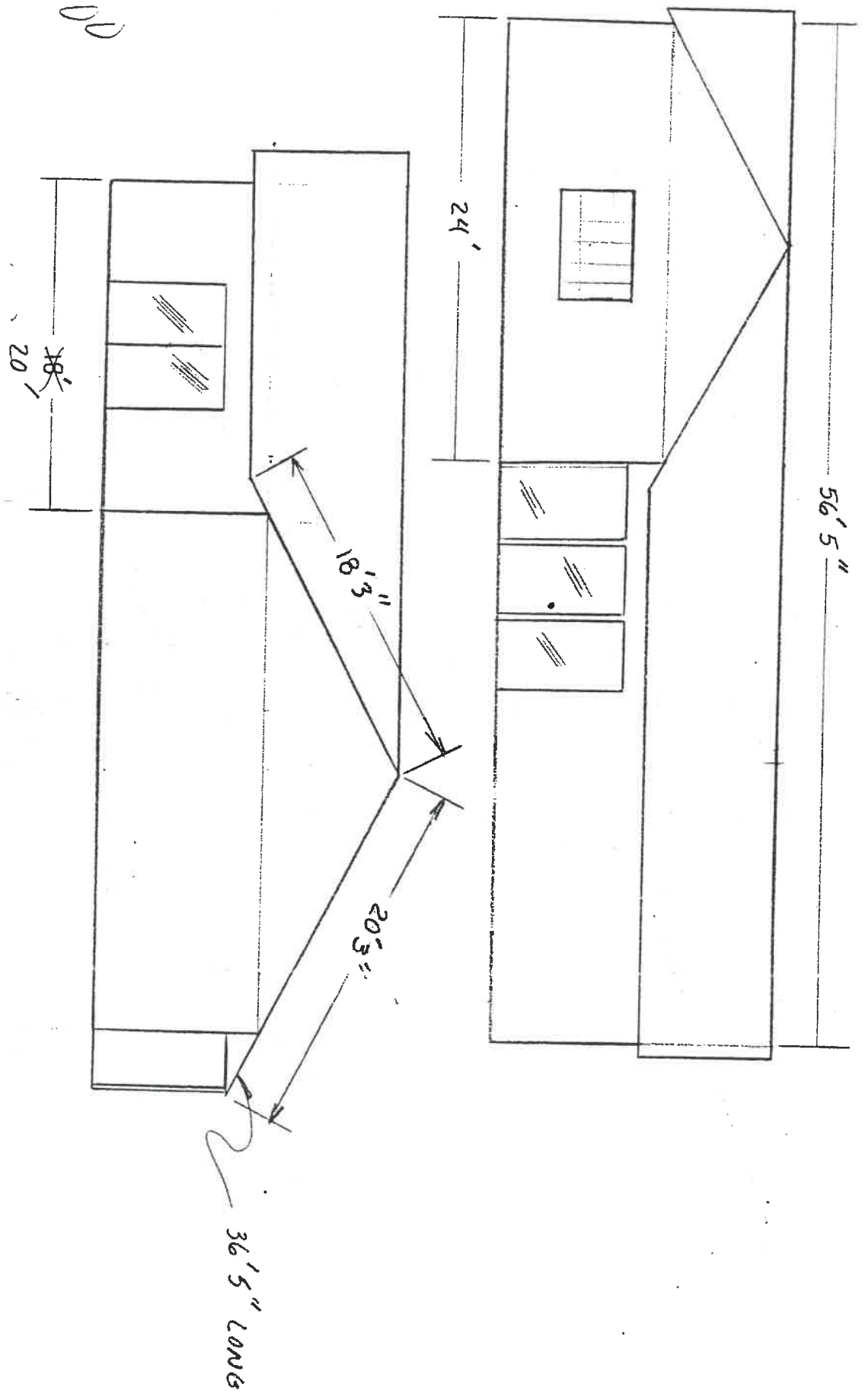
DATE 10-3-91

ACKNOWLEDGE RECEIPT OF TRANSMITTAL: _____ YES _____ NO

NOTE: PLEASE CALL IF TRANSMISSION IS NOT SATISFACTORY OR IF YOU HAVE QUESTIONS 419-335-1010 (OFFICE TELEPHONE).

QUALITY — Measured By Success

11/19/00
5:00 PM



Ru
VA

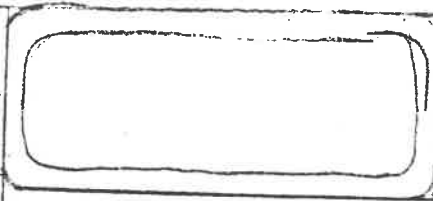
24'

Window



9

9



10



9

9

~~16~~
11

6

KITCHEN

EXIST. BR.



METER SOCKET RELEASE

issued by

The Napoleon Electric Distribution Department

639 Industrial Drive Napoleon, Ohio 43545 Pn. 592-9116 or 592-4010

Entry No. _____

Permit No. 0080-90 Issued 5-29-91 Building permit No. 02308 Job Address 1813 LaGrange

Lot Number 16 Sub Division Bockelmans 2nd.

Owner James Moser Owners Address 1313 LaGrange Pn. No. 592-9848

Contractor Speiser + Sons Contractors Address P.O. Box 545 Napoleon, Oh Pn. No. 599-1846

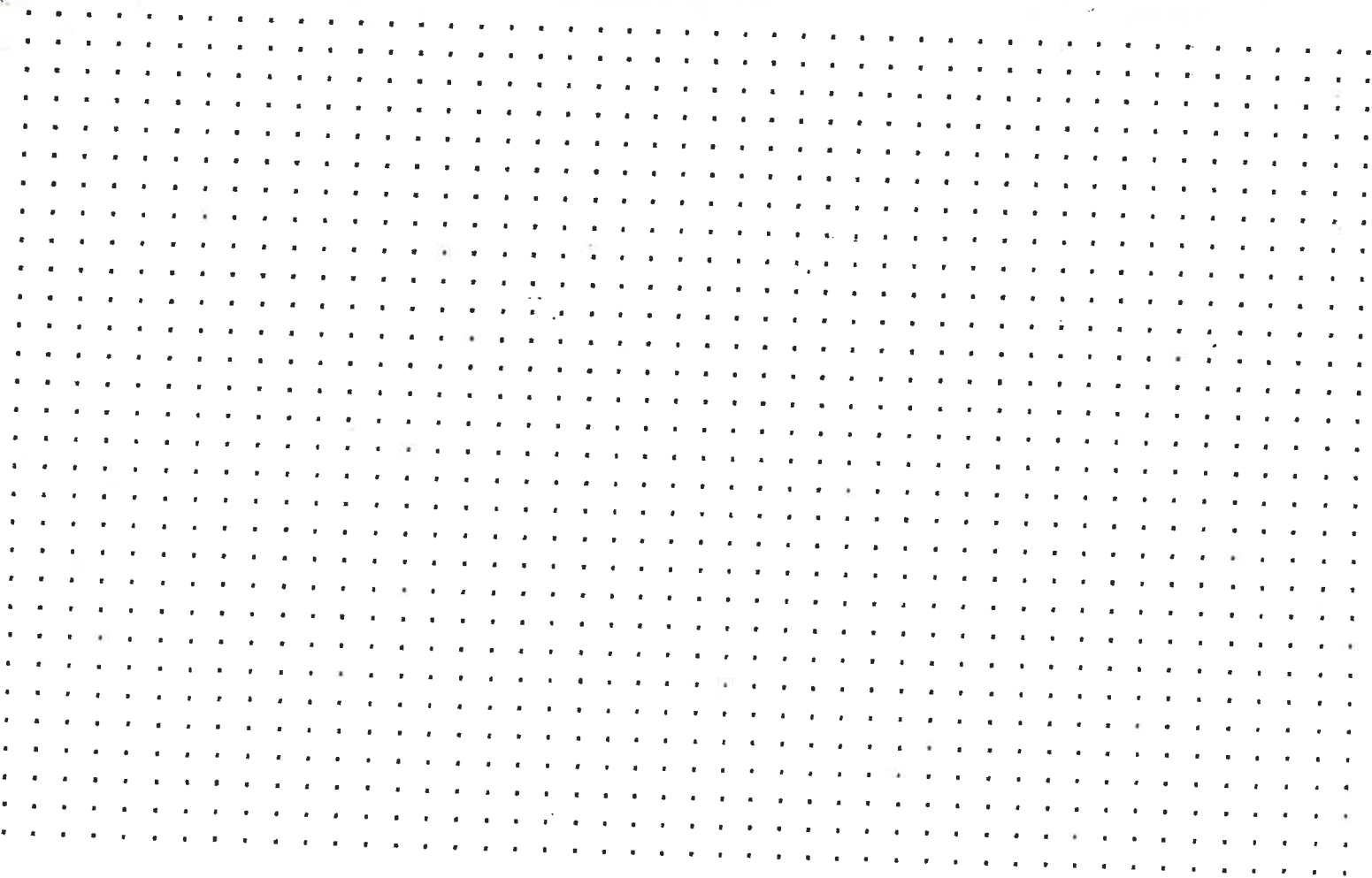
Size of Service 200a Overhead Underground _____ Issued By Burt N. Dammann

Date completed _____ Approved by _____

Size of Service _____ Overhead _____ Underground _____ Street and No. _____ electric distribution dept.

Old Meter No. _____ New Meter No. _____ Remarks _____

Sketch of Service



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

CITY OF NAPOLEON - BUILDING DEPARTMENT

255 West Riverview Ave. Napoleon, Ohio 43345 Ph. 419-392-4010

Entry No. _____

Permit No. 02308 Issued 5-29-91

Job Location 1313 LAGRANGE

Lot 16 Back of lot

Issued By BND sub-div. or legal disc.

Owner JAMES MOSER building official Pn 592-9948

Address 1313 LAGRANGE NAP. O.

Agent JIM SPEISER & SONS Pn 599-1846

Address PO Box 545 NAP. O.

Description of Use New 200A SERVICE

Residential

Residential no. dwelling units _____

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Resodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ _____

-ZONING INFORMATION

district <u>A</u>	lot dimensions <u>70 X 110</u>	area <u>7700</u>	front yd <u>30</u>	side yds. <u>7</u>	rear yd <u>15</u>
max hgt <u>25</u>	no pkg spaces <u>5 per</u>	no ldy 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 _____ Width _____ Stories _____ Ground Floor Area _____

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

Description of Work: Upgrade service to 200amp

Ch. Permits Req.	Base	Fees Plus	Total
<input type="checkbox"/> Building	_____	_____	_____
<input checked="" type="checkbox"/> Electrical	<u>15.00</u>	_____	<u>15.00</u>
<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"/> Sewer Tap	_____	_____	_____
<input type="checkbox"/> Temp. Water	_____	_____	_____
<input type="checkbox"/> Temp. Elec.	_____	_____	_____
Additional plan review	struc. _____ hrs	Elect. _____ hrs	_____
Total Fees.....	_____	_____	<u>15.00</u>
Less Min. Fees Pd.	_____	_____	_____
Balance Due.....	_____	_____	<u>15.00</u>

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

ELECTRICAL: Electrical Contractor Jim Sprisner & Son's Pn. 599-1846

Address PO Box 545 WPA O. Estimated Cost \$ 1000⁰⁰

Type of work: New Service change Rewiring Additional Wiring Temp. Elec. Req.

Size of service 200 A Underground Overhead No. of new circuits 1

Description of work: NEW 200 AMP SERVICE ONLY

PLUMBING: Plumbing Contractor _____ Pn. _____

Address _____ Estimated Cost \$ _____

Water Tap Req. Size _____ Type of Pipe _____ Water Dist. Pipe _____ type

San. Sewer Tap Req. Size _____ Type of Pipe _____ Dr. Waste Vt. Pipe _____ type

St. Sewer Tap Req. Size _____ Type of Pipe _____ Street to be Opened

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 _____ No. _____

Description of Work: _____

MECHANICAL: Mechanical Contractor _____ Pn. _____

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 _____

No. 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 Other _____

Description of Work _____

DRAWINGS REQUIRED: All Applications must be accompanied by two complete sets of drawings including SITE PLAN, FOUNDATION PLAN, FLOOR PLANS, STRUCTURAL FRAMING PLANS, EXTERIOR ELEVATIONS, SECTIONS and DETAILS, STAIR DETAILS, ELECTRICAL LAYOUT, PLUMBING ISOMETRIC, HEATING LAYOUT ETC. All plans shall be DRAWN TO SCALE. Show all existing structures on the site plan also, show Electric Panel and Furnace Locations.

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Date 5-29-91 Signature of Applicant John P. Sprisner
Application not valid without signature