

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

Permit No. 2799 Issued 11-3-92

Job Location 12 Lakeview

Lot Bauman Subdivision

Issued by Brent N. Damman

Owner Prudential

Address 1204 Conant, Toledo, Ohio

Agent Gary Wagner 866-6092

Address 1204 Conant, Toledo, Ohio

Use Type - Residential x

Other - Describe _____

No. Dwelling Units 1

New Replacement

Add'n. Alter Remodel

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 2,200.00

ZONING INFORMATION

district	lot dimensions	area	front yd	side yd	rear yd
max hgt	no pkg spaces	no ldg spaces	petition or appeal req'd		date appr
		max cover			

WORK INFORMATION

Size: Length _____ Width _____ Stories _____ Ground Floor Area 2000 s.f.

Height _____ Building Volume (for Demo. Permit) _____

Electrical: _____

Plumbing: _____

Mechanical: _____

Additional Information: Reroof areas of damage caused by water/weather; ventilation north side (eleven (11) vents); paper fifty (50) percent overlap.

Date 11-3-92 Applicant Signature Gary Wagner

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> Building	\$ 9.00	\$ 18.00	\$ 27.00
<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	\$	\$	\$
<input type="checkbox"/> Sew. Insp.	\$	\$	\$
<input type="checkbox"/> Sewer Tap	\$	\$	\$
<input type="checkbox"/> Temp. Water	\$	\$	\$
<input type="checkbox"/> Temp. Elec.	\$	\$	\$
TOTAL FEES	\$ 27.00	
LESS FEES PAID	<u>11-3-92</u>	\$ 27.00
BALANCE DUE	\$ 0.00	

PAID

NOV 03 1992

CITY OF NAPOLEON

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. 2799 ISSUED 1-3-92

JOB LOCATION 12 Lakeside

LOT _____
(Subdivision or Legal Description) Bayman Subdiv.

ISSUED BY BND
(Building Official)

*OWNER Prudential PHONE 1-891-9764

ADDRESS 1204 Cohant Substation Dept

*AGENT Carol Wagner PHONE 1-866 6092

ADDRESS 1204 Cohant - Toledo

USE: Residential () Commercial () Industrial
() Other

WORK: () New () Addition () Replacement () Remodel

ESTIMATED COST = \$ 2,200

(X) Building	\$ <u>9.00</u>	\$ <u>18.00</u>	\$ <u>27.00</u>
() Electrical	\$ _____	\$ _____	\$ _____
() Plumbing	\$ _____	\$ _____	\$ _____
() Mechanical	\$ _____	\$ _____	\$ _____
() Demolition	\$ _____	\$ _____	\$ _____
() Zoning	\$ _____	\$ _____	\$ _____
() Sign	\$ _____	\$ _____	\$ _____
() Water Tap	\$ _____	\$ _____	\$ _____
() Sewer Tap	\$ _____	\$ _____	\$ _____
() Temp Water	\$ _____	\$ _____	\$ _____
() Temp Elec.	\$ _____	\$ _____	\$ _____

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

TOTAL FEES \$ 27.00
Less Fees Paid \$ 27.00
BALANCE DUE \$ 0.00

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date

WORK INFORMATION

Building: Ground Floor Area 2000 sq. ft. Basement Floor Area _____ sq. ft.

Garage Floor Area _____ sq. ft. 2nd Floor Area _____ sq. ft. Other _____ sq. ft.

Size: Width _____ Length _____ Stories _____ Height _____

Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: Re Roof area of Damage caused by winter weather
Ventilation North side (11 vents)
Open 50% Over top

Spoke with Steve Parker

9-17-92 ^{am} regarding the placement of asphalt shingles on such a low roofed and stated they could not do this and a different type of roofing material such as rubber or metal would be permissible. He said he would make sure the ~~proper~~ proper layer would be made aware of the problem after examination & shoring would also be necessary.

Paul

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 = _____ Disposals = _____

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 _____

INSPECTION RECORD

UNDERGROUND				ROUGH-IN				FINAL			
Type	Date	By	Type	Date	By	Type	Date	Type	Date	By	
PLUMBING	Building Drains		Drainage, Waste & Vent Piping			Indirect Waste		Drainage, Waste & Vent Piping			
	Water Piping		Water Piping			Condensate Lines		Backflow Prevention			
	Building Sewer							Water Heater			
	Sewer Connection							FINAL APPROVAL			
MECHANICAL	Refrigerant Piping		Refrigerant Piping			Chimney(s)		Grease Exhaust System			
			Duct Furnace(s)			Fire Dampers		Air Cond. Unit(s)			
	Ducts/Plenums		Ducts/Plenums			<input type="checkbox"/> Radiant Htr(s) <input type="checkbox"/> Unit Htr(s)		Refrigeration Equipment			
			Duct Insulation			Pool Heater		Furnace(s)			
ELECTRICAL	Conduits & or Cable		Conduits/Cable			Ventilation <input type="checkbox"/> Supply <input type="checkbox"/> Exhst.		FINAL APPROVAL			
	Grounding & or Bonding		Rough Wiring			<input type="checkbox"/> Range <input type="checkbox"/> Dryer		Temp Service Temp Lighting			
	Floor Ducts Raceways		Service Panel Switchboard			<input type="checkbox"/> Generator(s) <input type="checkbox"/> Motors		Fixtures Lampholders			
	Service Conduit		Busways Ducts			<input type="checkbox"/> Water Htr <input type="checkbox"/> Welder		Signs			
BUILDING	Temporary Power Pole		Subpanels			<input type="checkbox"/> Heaters <input type="checkbox"/> Heat Cable		Electric Mtr. Clearance			
	Location, Set-backs, Esmt(s)		Exterior Wall Construction			<input type="checkbox"/> Duct Htr(s) <input type="checkbox"/> Furnace(s)		FINAL APPROVAL			
	Excavation					Roof Covering Roof Drainage		Smoke Detector			
	Footings & Reinforcing		Interior Wall Construction			Exterior Lath		Demolition (sewer cap)			
ADDITIONAL	Floor Slab Walls		Columns & Supports			<input type="checkbox"/> Interior Lath <input type="checkbox"/> Wallboard		Building or Structure			
	Sub-soil Drain		Crawl Space <input type="checkbox"/> Vent <input type="checkbox"/> Access			Fire Wall(s)					
	Piles		Floor System(s)			Fireplace Chimney		FINAL APPROVAL BLDG. DEPT.			
			Roof System			Attic <input type="checkbox"/> Vent <input type="checkbox"/> Access		Certificate of Occupancy Issued			
INSPECTIONS, CORRECTIONS, ETC.				INSPECTIONS, CORRECTIONS, ETC.				INSPECTIONS, CORRECTIONS, ETC.			
CITY OF WASHINGTON				CITY OF WASHINGTON				CITY OF WASHINGTON			
Not Approved				Will leak				Underlayment NOT according to code, Some bad sheeting remains			