

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: 97102

DATE ISSUED: 04-08-97

ISSUED BY: BND

JOB LOCATION: 80 LEMANS DR

EST. COST: 95000.00

LOT #:

SUBDIVISION NAME:

OWNER: RATH, CHRISTINE
ADDRESS: 55 LEMANS DR
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-3885

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

USE TYPE - RESIDENTIAL: X

OTHER:

ZONING INFORMATION

DIST: R-2 LOT DIM: 80X125 AREA: 12414 FYRD: 30 SYRD: 7 RYRD: 15
MAX HT: 45 # PKG SPACES: 2 # LOADING SP: MAX LOT COV: 35

BOARD OF ZONING APPEALS:

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

WORK INFORMATION

SIZE - LGTH: 60 WIDTH: 50 STORIES: 1 LIVING AREA SF: 1896
PAGE AREA SF: 506 HEIGHT: 16 BLDG VOL DEMO PERMIT:

WORK DESCRIPTION
NEW HOME

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT	
ELECTRICAL PERMIT	227.00
PLUMBING PERMIT	99.00
MECHANICAL PERMIT	48.00
WATER TAP PERMIT	30.00
SEWER PERMIT	655.00
	130.00

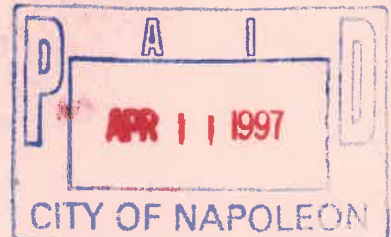
TOTAL FEES DUE 1209.00

4/10/97

DATE

Cheryl A. Beck 4/10/97

APPLICANT SIGNATURE



CITY OF NAROLEGA
215 W. WASHINGTON AVE
NAROLEGA, ILLINOIS 62451

F E B R U A R Y

DIVISION OF BUILDING & SAFETY
1111 W. WASHINGTON AVE
NAROLEGA, ILLINOIS 62451

DATE ISSUED: 02-15-87

DATE: 02-15-87

FOR PROJECT: 88-0000-00

SET - 0000 - 0000

REVISIONS: 0000

PROJECT: 88-0000-00
SHEET: 0000 OF 0000
DATE: 02-15-87

PROJECT: 88-0000-00
SHEET: 0000 OF 0000
DATE: 02-15-87

SCALE: 1/4" = 1'-0"

DATE: 02-15-87

BY: [Signature]

BY: [Signature]

FOR: [Signature]

REVISIONS: 0000

DATE: 02-15-87

DATE: 02-15-87

BY: [Signature]

DATE: 02-15-87

DATE: 02-15-87

REVISIONS: 0000

REVISIONS: 0000

DATE: 02-15-87

[Signature]

[Signature]



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 97102

DATE ISSUED: 04-08-97

JOB LOCATION: 80 LEMANS DR

OWNER: RATH, CHRISTINE

OWNER PHONE: 419-592-3885

CONTRACTOR: BECKS CONSTRUCTION CO

CONTRACTOR PHONE: 419-592-8307

WORK DESCRIPTION: NEW HOME

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP 4-16-97

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL 8-19

SERV UPGR _____

BUILDING: SITE 4-7 FTG 4-7 FNDDT _____

STRUC _____ ROOF _____ EXT _____

VENT _____ ACCES _____ EGRS _____

SMKDT 8-19 FINAL 8-19

ISSUE TEMP OCCUP _____ ISSUE OCCUP 9-15-97

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTOR INITIALS: END

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 80 Lemans Dr.
 LOT 114 Riviera Heights F.F.H.
 (Subdivision or Legal Description)

ISSUED BY _____
 (Building Official)

OWNER Cristine Rath PHONE 592-3885

ADDRESS 50 Lemans Dr.

AGENT Berk Const. PHONE 592-8307

ADDRESS 11-622 Co. Rd. 117 Nap

USE: Residential Commercial Industrial
 Other _____

WORK: New Addition Replacement Remodel

ESTIMATED COST = \$ 95,000

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard
R-2	80x125	13,414	30		

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

WORK INFORMATION

Building: Ground Floor Area 1896 sq. ft. Basement Floor Area _____ sq. ft.
 Garage Floor Area 506 sq. ft. 2nd Floor Area _____ sq. ft. Other Porch 37 sq. ft.
 Size: Length 60 Width 50 Stories 1 Height 16
 Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: New Home

	Base	Plus	Total
<input checked="" type="checkbox"/> Building	\$ <u>9.00</u>	\$ <u>218.00</u>	\$ <u>227.00</u>
<input checked="" type="checkbox"/> Electrical	\$ <u>15.00</u>	\$ <u>84.00</u>	\$ <u>99.00</u>
<input checked="" type="checkbox"/> Plumbing	\$ <u>9.00</u>	\$ <u>39.00</u>	\$ <u>48.00</u>
<input checked="" type="checkbox"/> Mechanical	\$ <u>18.00</u>	\$ <u>12.00</u>	\$ <u>30.00</u>
<input type="checkbox"/> Demolition	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Zoning	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sign	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Water Tap	\$ <u>650.00</u>	\$ _____	\$ <u>650.00</u>
<input checked="" type="checkbox"/> Sewer Tap	\$ _____	\$ <u>150.00</u>	\$ <u>150.00</u>
<input checked="" type="checkbox"/> Temp Water	\$ _____	\$ _____	\$ <u>5.00</u>
<input type="checkbox"/> Temp Elec.	\$ _____	\$ _____	\$ _____

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

TOTAL FEES \$ 1219.00
 Less Fees Paid \$ _____
 BALANCE DUE \$ _____

ELECTRICAL: Contractor _____ Phone _____

Address _____ ESTIMATED COST = \$ _____

Type of Work: New Service Change Rewiring Add'l Wiring TEMPORARY ELEC. REQUIRED - Yes No

Size of Service 200 Underground Overhead _____ Number of New Circuits 28

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 = 3 Bathtubs = 1 Showers = 1 Lavatories = 4 Kitchen Sinks = 1 Disposal = 1

Clothes Washer = 1 Floor Drains = _____ Dishwasher = 1 Other _____ Total = 13

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 1 Number of Hot Air Runs 15

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 #: 97102

ISSUED: 04-08-97

JOB LOCATION: 80 LEMANS DR

OWNER: RATH, CHRISTINE

PHONE: 419-592-3885

ADDRESS: 55 LEMANS DR 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 _____

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 *Burt M. ...* RECEIVED BY _____

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

CITY OF NAPOLEON

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TYPE OF BACKFLOW DEVICE REQUIRED _____

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- 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

WATER TAPPING PERMIT FORM

CITY OF NAPOLEON

PERMIT #: 97102

ISSUED: 04-08-97

JOB LOCATION: 80 LEMANS DR

SUBDIVISION NAME: Riviera Heights Fifth LOT #: 114

OWNER: RATH, CHRISTINE

ADDRESS: 55 LEMANS DR NAPOLEON, OH 43545

CONTRACTOR: BECKS CONSTRUCTION CO

PHONE: 419-592-8307

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

AMOUNT PAID: 655.00 YOKE SIZE: 5/8"

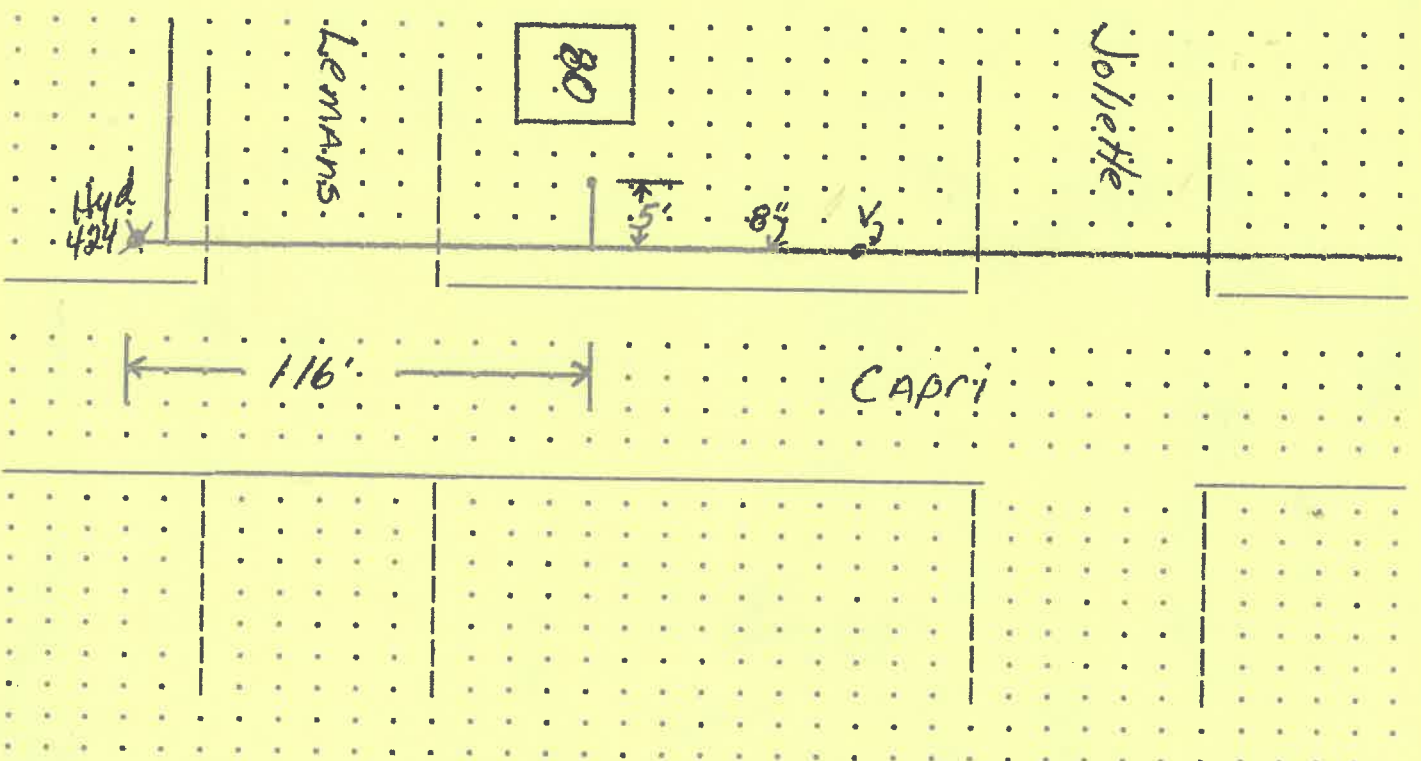
PLUMBING CONTRACTOR: Meyers P & H PH: _____

DATE OF TAP: 6-13-97 OLD TAP #: _____ NEW TAP #: 9708

SIZE AND KIND OF MAIN: 8" C-900

LOCATION OF MAIN: 9' North of North curb ^{Depth} OF MAIN: 3 1/2'
116' E of Hyd 424

DIST FROM HYDRANT ~~TO~~: _____ DIST TO CURB STOP FROM CORP: 5'



DATE COMPLETED: _____ APPROVED BY: Jeffrey E. Montuigi

LEMAN'S DRIVE - 60' R/W

80 Lemans Dr.

S 0°38'15" W, 80.00'

R/W

30' BLDG. LINE

17' CONC. DRIVE

30' BLDG. LINE

S 89°21'45" E, 125.00'

LOT 113

PROPOSED HOME
2463 SQ. FT.

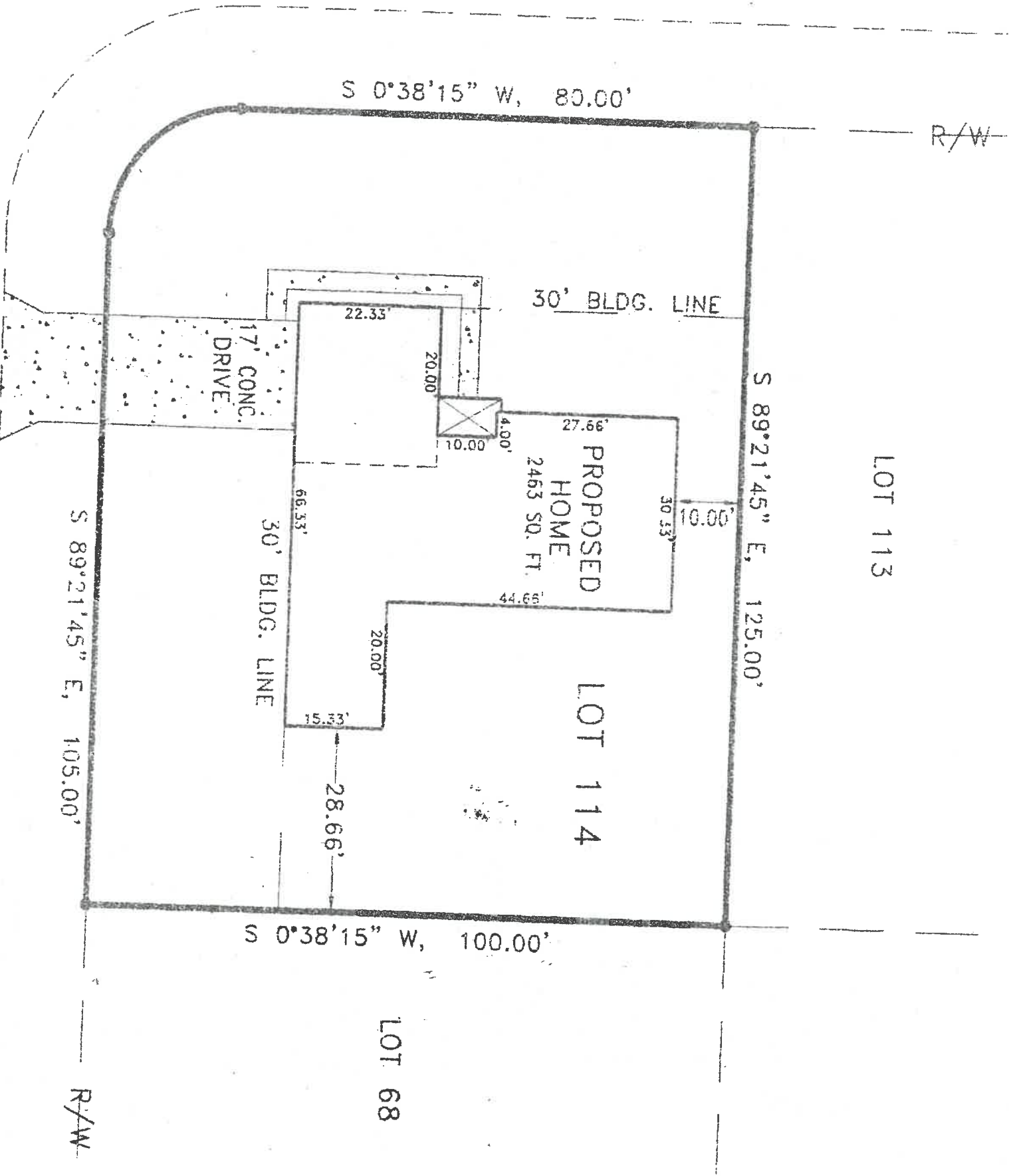
LOT 114

S 89°21'45" E, 105.00'

S 0°38'15" W, 100.00'

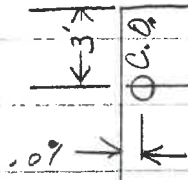
LOT 68

R/W



Sanitary Sewer
80' E.M.A.S.

4-16-97



4" P.V.C.

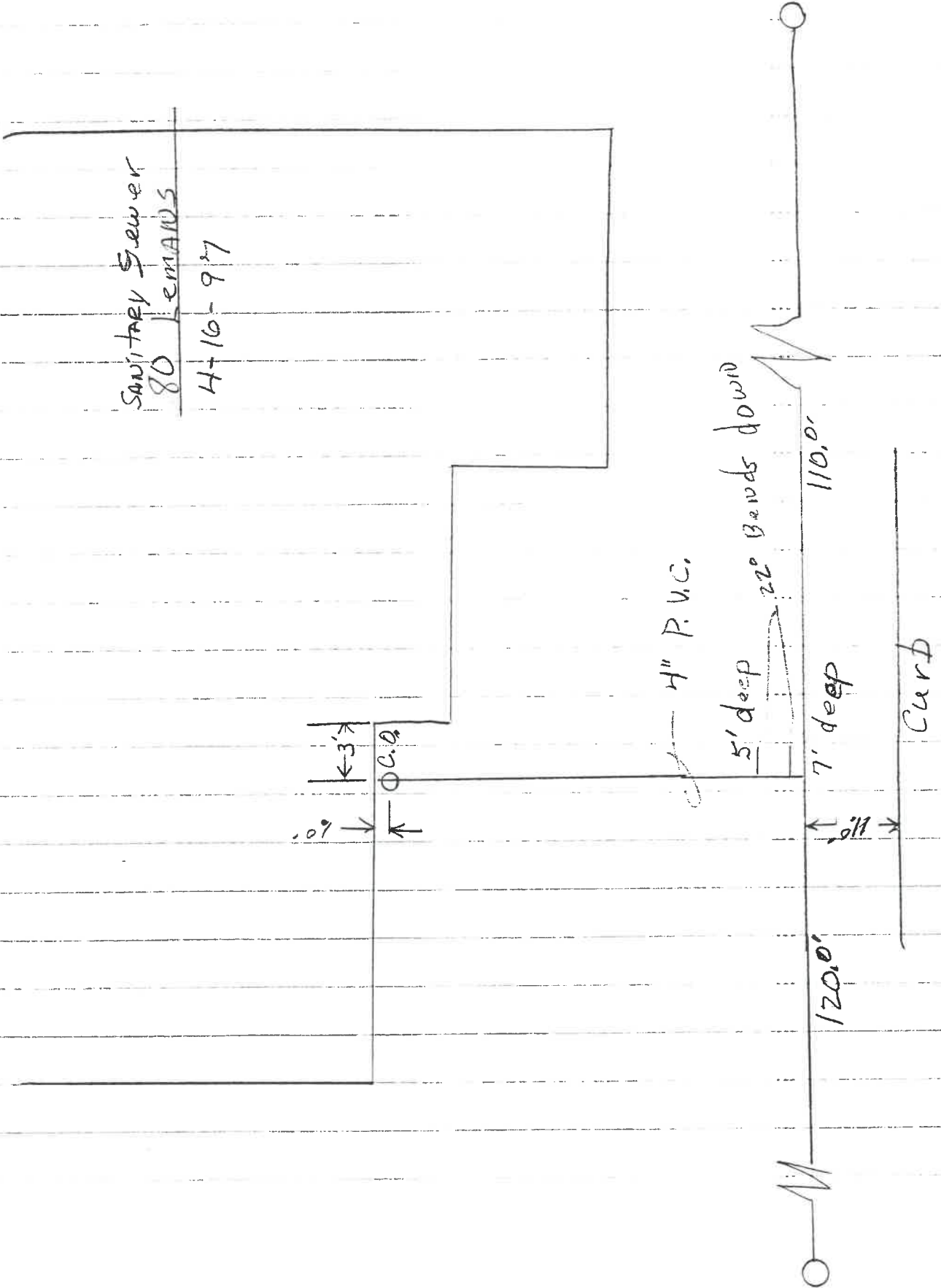
5' deep 22° Bends down

110.0'

7' deep

Curb

120.0'



SANITARY SEWER
80 REMAINS

H-16-917

← 3' →
↑ 10" ↓
O.C. 2

4" P.V.C.

5' deep
Bends down

110.0'

7' deep

120.0'

Curb

