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: 716 DATE ISSUED: 07-26-01 ISSUED BY: BND

JOB LOCATION: 1369 LYNNE AVE EST. COST:

LOT #: SUBDIVISION NAME:

OWNER: WIECHERS, RON
ADDRESS: Q774 CO RD 15
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-8422

AGENT: OAKRIDGE BLDRS
ADDRESS: Q774 CO RD 15A
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-8422

USE TYPE - RESIDENTIAL: OTHER:

ZONING INFORMATION

DIST: R-3 LOT DIM: AREA: FYRD: 25 SYRD: 7 RYRD: 15
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: WIDTH: STORIES: LIVING AREA SF:
GARAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION
NEW CONDO

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
WATER TAP PERMIT		184.00
SEWER PERMIT		105.00

TOTAL FEES DUE 289.00

7-30-01
DATE

APPLICANT SIGNATURE

PAID
JUL 30 2001
CITY OF NAPOLEON

P E R M I T

CITY OF NAPOLEON
1775 W. BRYCEVIEW AVE
NAPOLEON, OHIO 43545

DIVISION OF BUILDING & ZONING
PH (419) 592-4010
FAX (419) 599-0597

PERMIT NO: 710 DATE ISSUED: 07-20-01 ISSUED BY: AND

JOB LOCATION: 1320 LYNNE AVE SUB: DORT:

LOT: 89 SUBDIVISION NAME:

OWNER: DELO HOMES, INC AGENT: DAVENTHOR HIGGS
ADDRESS: 0771 CO RD 15 ADDRESS: 0774 CO RD 15
CSZ: NAPOLEON, OH 43545 CSZ: NAPOLEON, OH 43545
PHONE: 419-599-8423 PHONE: 419-599-8522

USE TYPE - RESIDENTIAL: OTHER:

DOZEN SUBDIVISION

SIZE: 0-1 LOT DIM: AREA: FRONT: 75 DEPTH: 7 HEIGHT: 15
MAX HT: 40 # FAM DWELLING: 2 # LOADING SP: MAX LOT COVE: 45

BOARD OF ADJUST APPEALS:

VARIA TYPE - NONE: X REFERENCE: ADD #: ALTER: REMODEL

ADDL INFORMATION

ZONE - LOTTS: DISTR: - DYNEREY LIVING AREA SF:
MARKET AREA SF: REQUIRE: ALSO YOU NEED PERMIT:

NOTE DESCRIPTION
NEW DOND

FEE DESCRIPTION PAID DATE FEE AMOUNT DUE

WATER TAP PERMIT 125.00
SEWER PERMIT 125.00

TOTAL FEES DUE 250.00

7-20-01
DATE

APPLICANT SIGNATURE

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 716

DATE ISSUED: 07-26-2001

JOB LOCATION: 1369 LYNNE AVE

OWNER: WIECHERS, RON

OWNER PHONE:419-599-8422

CONTRACTOR: OAKRIDGE BLDRS

CONTRACTOR PHONE:419-599-8422

WORK DESCRIPTION: NEW CONDO

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDT _____

STRUC _____ ROOF _____ EXT _____

VENT _____ ACCES _____ EGRS _____

SMKDT _____ FINAL _____

ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

MISC INSP: Sidewalks - 10-4-01 Amy Lyons

NOTES: _____

INSPECTOR INITIALS: _____

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 1369 Lynne Ave

LOT _____ _____
(Subdivision or Legal Description)

ISSUED BY _____
(Building Official)

OWNER Ron Wirchers PHONE 599-8422

ADDRESS Q 774 Co. Rd. 15 Nap

AGENT 49 PHONE _____

ADDRESS _____

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

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

ESTIMATED COST = $ N/A

	Base	Plus	Total
( )Building	$	$	$
( )Electrical	$	$	$
( )Plumbing	$	$	$
( )Mechanical	$	$	$
( )Demolition	$	$	$
( )Zoning	$	$	$
( )Sign	$	$	$
(X)Water Tap	$	$	$ 184.00
(X)Sewer Tap	$	$	$ 105.00
( )Temp Water	$	$	$
( )Temp Elec.	$	$	$

Additional Plan Review: Structure ____ Hours ____
Electric ____ Hours ____

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

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard
R-3	N/A	N/A	25	7	15

Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date
45'	2		45%	

WORK INFORMATION

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

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

Size: Length _____ Width _____ Stories _____ Height _____

Building Volume (for Demolition Permit) _____ cubic feet

N/A

Description of Work: New 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 #: 716 ISSUED: 07-26-2001

JOB LOCATION: 1369 LYNNE AVE

OWNER: WIECHERS, RON PHONE: 419-599-8422

ADDRESS: 0774 CO RD 15 NAPOLEON, OH 43545

CONTRACTOR: OAKRIDGE BLDRS

ADDRESS: 0774 CO RD 15A NAPOLEON, OH 43545

PHONE: 419-599-8422

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

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

NEW STRUCTURE X EXISTING STRUCTURE ____ LAWN METER ____

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

BACKFLOW DEVICE REQUIRED YES X NO ____

TYPE OF BACKFLOW DEVICE REQUIRED Double check valve assm.

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

WATER METER TOKE RELEASE FORM

THIS FORM/PERMIT ENTITLES THE HOLDER TO "TAKE" WATER METER TOKE ASSIGNED (PICKUP BLOCKS AT CITY OPERATIONS DEPARTMENT 1717 INDUSTRIAL DRIVE).

PERMIT #: 718 ISSUED: 07-26-2001

JOB LOCATION: 1708 LINDE AVE

OWNER: MICHIGAN: ROY PHONE: 419-599-9432

ADDRESS: 0774 CO RD 13 NAPOLEON, OH 43545

CONTRACTOR: OAKRIDGE SIGNS

ADDRESS: 0774 CO RD 13A NAPOLEON, OH 43545

PHONE: 419-599-8433

METER TAP SIZE: 1" X 1.5" ___ 2" ___ OTHER ___

METER METER TOKE SIZE: 5/8" X 3/4" ___ 1" ___ OTHER ___

NEW STRUCTURE X ___ THISTING STRUCTURE ___ LEAVE METER ___

METER INSPECTOR ISSUES TO BE "TOKE" "PA" BEFORE DO WORK. NOTIFY/REQUEST TOKE OF 1 WORKING DAYS.

BACKFLOW DEVICE REQUIRED YES X NO ___

TYPE OF BACKFLOW DEVICE REQUIRED Double check valve assy

METER METER TOKE INSTALLATION IS SUBJECT TO THE FOLLOWING CONDITIONS:

1.) MUST BE LOCATED IN AN ACCESSIBLE AREA.

2.) MUST BE IN A AREA WHICH IS NOT SUBJECT TO FREEZING TEMPERATURES.

3.) MUST BE AT LEAST 18" ABOVE FLOOD LEVEL (NO DRAIN TRAPS INSTALLATIONS).

4.) MUST COMPLY WITH MINIMUM HOUSING REQUIREMENTS (PLUMBING 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 #: 716 ISSUED:07-26-2001

JOB LOCATION: 1369 LYNNE AVE

WORK DESCRIPTION: NEW CONDO

OWNER: WIECHERS, RON

ADDRESS: Q774 CO RD 15 NAPOLEON, OH 43545

OWNER PHONE: 419-599-8422

CONTRACTOR: OAKRIDGE BLDRS

ADDRESS: Q774 CO RD 15A NAPOLEON, OH 43545

CONTRACTOR PHONE: 419-599-8422

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 - 11/4" ____ 11/2" ____ 2" ____

DESIRED VOLTAGE 120/240 X OTHER _____

UNDERGROUND SERVICE X OVERHEAD SERVICE ____

DATE COMPLETED: _____ APPROVED BY: _____

OLD METER NUMBER: _____ NEW METER NUMBER: _____

COMMENTS:

_____

_____

_____

1-Copy Bldg Dept. 2-Copies Electric Dept. 1-Completed Copy to Utilities

CITY OF ANFOLION

ELECTRIC METER ASST MAGNEAR BOXR

THIS MOCUMENT INITIATES THE MOVING IN 'ONE' ELECTRIC METER MASN'
(Please pickup at the City operations garage 1175 Industrial Drive).

ISSUE #: 71A ISSUEDA:07-20-200

JOB LOCATION: 1000 TYNER AVE

WORK DESCRIPTION: NEW CHMOO

OWNER: RICHARDS, ROB

ADDRESS: CITY: CO ZIP: 15 MARCLEON, CO 47563

OWNER PHONE: 416-590-0225

CONTRACTOR: MARTINS BRIDGE

ADDRESS: CITY: CO ZIP: 14A MARCLEON, CO 47543

CONTRACTOR PHONE: 510-590-8523

ELECTRIC SERVICE DESIGN ____ NEW OVERHEAD INSTALLATION ___X___

INDUSTRIAL ____ COMMERCIAL ____ RESIDENTIAL ___X___ IRRAY ___Y___ TRAVEL ____

WIRE OF SERVICE: 1PHASE ____ 1SPARE ____ 2SPARE ___Y___ 3SPARE ____ OTHER ____

NOM SIZE - 1/0/4/ ____ 1/1/2" ____ 3/ ____

DESIRED VOLTAGE 120/240 ___X___ OTHER _____

SUPPORTING SERVICE ___X___ OVERHEAD SERVICE ____

DATE COMPLETED: _____ APPROVED BY: _____

FIELD SERVE NUMBER: _____ VEN METER NUMBER: _____

COMMENTS:

_____

_____

_____

1-Copy Side Desk. 2-Copies Electric Dept. 1-Completed Copy to Utilities