

PERMIT

CITY OF NAPOLEON, OHIO — DEPT. OF BUILDING & ZONING
255 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 592-4010

Permit No. 350 Date Sept. 10, 1981
Job Location 326 E. Main St. Valuation \$ 4,476
Owner Minnie Rauch Address 326 E. Main St.
Contractor Beck Construction Telephone No. 592-8307
Address 11-622 Rd. M Rt.#3 Napoleon
Electric Contractor Same
Plumbing Contractor _____
Mechanical Contractor _____

This permit is issued for work described in the plans, specifications, and/or application submitted, as approved by the Building Commissioner of the City of Napoleon, Ohio. Work shall conform to all pertinent construction and land use Codes and Ordinances.

Work Information:

Residential 1X Commercial _____ Industrial _____
No. dwelling units
New Construction _____ Addition _____ Remodel X
Brief Description of Work Rehab for CDBG program

ISSUED BY Richard Hayman SRC DEPT. OF BUILDING & ZONING
Building Official **PAID**

SEP 22 1981

It is the owners or contractors responsibility to call the Building Department for the following (x) inspections:

- Footing excavation prior to placing concrete.
- Footing drains and foundation prior to backfill.
- Prepared sub-grade prior to placing concrete floor slab.
- Sanitary sewer
- Rough-in electrical, plumbing and service framing prior to installing wall board.
- Final electrical, plumbing and heating.
- Final building inspection, prior to occupancy.

| PERMIT & FEES CITY OF NAPOLEON | |
|--------------------------------|-----------------|
| Building Permit | \$ 16.50 |
| Electrical Permit | \$ 9.00 |
| Plumbing Permit | \$ _____ |
| Mechanical Permit | \$ _____ |
| Demolition Permit | \$ _____ |
| Zoning Permit | \$ _____ |
| Sign Permit | \$ _____ |
| Water Tap | \$ _____ |
| Sewer Tap | \$ _____ |
| Temp. Elec. | \$ _____ |
| Other | \$ _____ |
| TOTAL FEES | \$ 25.50 |
| LESS FEES PAID | \$ _____ |
| BALANCE DUE | \$ _____ |

Permit is not valid until all fees are paid in full, and shall be void if work is not started within six months of date above.

PERMIT

CITY OF NAPOLEON, OHIO — DEPT. OF BUILDING & ZONING
255 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 592-4010

Permit No. 3501 Date Sept. 10, 1981
 Job Location 326 E. Main St. Valuation \$ 4,476
Address
 Owner Minnie Rauch Address 326 E. Main St.
Name
 Contractor Beck Construction Telephone No. 592-8307
 Address 11-622 Rd. M Rt. #3 Napoleon
 Electric Contractor Same
 Plumbing Contractor _____
 Mechanical Contractor _____

This permit is issued for work described in the plans, specifications, and/or application submitted, as approved by the Building Commissioner of the City of Napoleon, Ohio. Work shall conform to all pertinent construction and land use Codes and Ordinances.

Work Information:

Residential 1X Commercial _____ Industrial _____
No. dwelling units
 New Construction _____ Addition _____ Remodel X
 Brief Description of Work Renab for CDBG program

ISSUED BY Richard Hayman SRC DEPT. OF BUILDING & ZONING
Building Official **PAID**

It is the owners or contractors responsibility to call the Building Department for the following (x) inspections:

- _____ Footing excavation prior to placing concrete.
- _____ Footing drains and foundation prior to backfill.
- _____ Prepared sub-grade prior to placing concrete floor slab.
- X _____ Sanitary sewer
- X _____ Rough-in electrical, plumbing and service framing prior to installing wall board.
- _____ Final electrical, plumbing and heating.
- X _____ Final building inspection, prior to occupancy.

PERMIT & FEES

| | |
|-----------------------|-----------------|
| Building Permit | \$ <u>16.50</u> |
| Electrical Permit | \$ <u>9.00</u> |
| Plumbing Permit | \$ _____ |
| Mechanical Permit | \$ _____ |
| Demolition Permit | \$ _____ |
| Zoning Permit | \$ _____ |
| Sign Permit | \$ _____ |
| Water Tap | \$ _____ |
| Sewer Tap | \$ _____ |
| Temp. Elec. | \$ _____ |
| Other _____ | \$ _____ |
| TOTAL FEES | \$ <u>25.50</u> |
| LESS FEES PAID | \$ _____ |
| BALANCE DUE | \$ _____ |

Permit is not valid until all fees are paid in full, and shall be void if work is not started within six months of date above.

INSPECTION RECORD

work begun 9-23-81
 elec 9-23-81

Subing OK 10-21-81

| UNDERGROUND | | | ROUGH-IN | | | FINAL | | |
|------------------------------|------|----|---|---------|----|---|---------|----|
| Type | Date | By | Type | Date | By | Type | Date | By |
| PLUMBING | | | | | | | | |
| Sewer Connection | | | Drainage, W. & Vent | | | Drainage, W. & Vent | | |
| Building Sewer | | | Water Piping | | | Water Heater | | |
| Water Piping | | | Condensate Lines | | | Backflow Prevention | | |
| | | | Indirect Waste | | | | | |
| | | | | | | FINAL APPROVAL | | |
| ELECTRICAL | | | | | | | | |
| Floor Ducts Raceways | | | Rough Wiring | 9/23/81 | | Electric Mtr. Clearance | 9/23/81 | |
| Conduits & or Cable | | | Conduits/ Cable | 9/23/81 | | Signs | | |
| Grounding & or Bonding | | | Service Panel | | | | | |
| | | | Switchboard | | | | | |
| | | | Subpanels | 9/30/81 | | | | |
| | | | <input type="checkbox"/> Range <input type="checkbox"/> Dryer | | | FINAL APPROVAL | | |
| MECHANICAL | | | | | | | | |
| Refrigerant Piping | | | Refrigerant Piping | | | Duct Insulation | | |
| Ducts/ Plenums | | | Ducts/ Plenums | | | Chimney(s) | | |
| | | | Ventilation <input type="checkbox"/> Supply | | | Furnace(s) | | |
| | | | <input type="checkbox"/> Exhst. | | | FINAL APPROVAL | | |
| BUILDING | | | | | | | | |
| Location, Set-backs, Esmt(s) | | | Wall Construction | | | Fireplace Chimney | | |
| Excavation | | | Crawl Space <input type="checkbox"/> Vent <input type="checkbox"/> Access | | | Attic <input type="checkbox"/> Vent <input type="checkbox"/> Access | | |
| Footings & Reinforcing | | | Floor System(s) | | | Special Insp. Reports Rec'd | | |
| Sub-soil Drain | | | Roof System | | | Smoke Detector | | |
| Foundation Walls | | | Fire Wall(s) | | | Demolition (sewer cap) | | |
| Floor Slab | | | Roof Cover Roof Drain | | | Building or Structure | | |
| FINAL APPROVAL BLDG. DEPT | | | FINAL APPROVAL | | | Certificate of Occupancy Issued | | # |

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 326 E. Main St. Napoleon, OH

LOT _____ (Subdivision or Legal Description)

ISSUED BY _____ (Building Official)

OWNER Thomas F. Harbor PHONE _____

ADDRESS 326 E. Main St. Napoleon, OH

AGENT Assoc. Home Service PHONE 419-693-6634

ADDRESS 445 Earlwood Ave. Oregon 43616

USE: Residential Commercial Industrial Other _____

WORK: New Addition Replacement Remodel

| | Base | Plus | Total |
|-------------------------------------|----------|----------|----------|
| <input type="checkbox"/> Building | \$ _____ | \$ _____ | \$ _____ |
| <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"/> Sewer Tap | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Temp Water | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Tap Elec. | \$ _____ | \$ _____ | \$ _____ |

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

ESTIMATED COST = \$ 4,500.00

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

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 _____ 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

Description of Work: Replacement Windows

