

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

| Permit No. <u>3667</u> Issued <u>09/08/95</u> Job Location <u>403 E. Main St.</u> Lot _____ Issued by <u>Brent N. Damman</u> Owner <u>Keith Layman 599-7147</u> Address <u>403 E. Main St.</u> Agent <u>John Light Builders 748-8803</u> Address <u>1-918 U.S. 6 Napoleon, OH</u> Use Type - Residential <u>X</u> Other - Describe _____ No. Dwelling Units _____ New <u>X</u> Replacement _____ Add'n. _____ Alter _____ Remodel _____ Mixed Occupancy _____ Change of Occupancy _____ Estimated Cost \$ <u>3000.00</u> | <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">FEES</th> <th style="text-align: right;">BASE</th> <th style="text-align: right;">PLUS</th> <th style="text-align: right;">TOTAL</th> </tr> <tr> <td><input checked="" type="checkbox"/> Building</td> <td style="text-align: right;">\$ 9.00</td> <td style="text-align: right;">\$ 27.00</td> <td style="text-align: right;">\$ 36.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Electrical</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$ 18.00</td> <td style="text-align: right;">\$ 18.00</td> </tr> <tr> <td><input type="checkbox"/> Plumbing</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Mechanical</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Demolition</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Zoning</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Sign</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Water Tap</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Sew. Insp.</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Sewer Tap</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Temp. Water</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Temp. Elec.</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL FEES.....</td> <td style="text-align: right;">\$ 54.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">LESS FEES PAID.....</td> <td style="text-align: right;">\$ 54.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">BALANCE DUE.....</td> <td style="text-align: right;">\$ -0-</td> </tr> </table> | FEES | BASE | PLUS | TOTAL | <input checked="" type="checkbox"/> Building | \$ 9.00 | \$ 27.00 | \$ 36.00 | <input checked="" type="checkbox"/> Electrical | \$ | \$ 18.00 | \$ 18.00 | <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. Elec. | \$ | \$ | \$ | TOTAL FEES..... | | | \$ 54.00 | LESS FEES PAID..... | | | \$ 54.00 | BALANCE DUE..... | | | \$ -0- |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|------|-------|----------------------------------------------|---------|----------|----------|------------------------------------------------|----|----------|----------|-----------------------------------|----|----|----|-------------------------------------|----|----|----|-------------------------------------|----|----|----|---------------------------------|----|----|----|-------------------------------|----|----|----|------------------------------------|----|----|----|-------------------------------------|----|----|----|------------------------------------|----|----|----|--------------------------------------|----|----|----|--------------------------------------|----|----|----|-----------------|--|--|----------|---------------------|--|--|----------|------------------|--|--|--------|
| FEES | BASE | PLUS | TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Building | \$ 9.00 | \$ 27.00 | \$ 36.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Electrical | \$ | \$ 18.00 | \$ 18.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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. Elec. | \$ | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FEES..... | | | \$ 54.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LESS FEES PAID..... | | | \$ 54.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BALANCE DUE..... | | | \$ -0- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ZONING INFORMATION

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

WORK INFORMATION

Size: Length 45 Width 22'8" Stories 1 Ground Floor Area _____
 Height 16' Building Volume (for Demo. Permit) _____

Electrical: _____
 Plumbing: _____
 Mechanical: _____

Additional Information: Garage

PAID
 SEP 08 1995
 CITY OF NAPOLEON

Date 9-8-95 Applicant Signature Keith Layman

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. 3667 ISSUED 9-8-95

JOB LOCATION 403 E. Main

LOT _____
(Subdivision or Legal Description)

ISSUED BY BMI
(Building Official)

OWNER Keith Sayman PHONE 599-7147

ADDRESS 403 E Main Nap

AGENT John Light Bldr. PHONE 748-8803

ADDRESS 1-918 U.S. Rt. 6 McClure Oh.

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

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

ESTIMATED COST = \$ 3000.00

| | <u>Base</u> | <u>Plus</u> | <u>Total</u> |
|------------------------------------------------|----------------|-----------------|-----------------|
| <input checked="" type="checkbox"/> Building | \$ <u>9.00</u> | \$ <u>27.00</u> | \$ <u>36.00</u> |
| <input checked="" type="checkbox"/> Electrical | \$ _____ | \$ <u>18.00</u> | \$ <u>18.00</u> |
| () Plumbing | \$ _____ | \$ _____ | \$ _____ |
| () Mechanical | \$ _____ | \$ _____ | \$ _____ |
| () Demolition | \$ _____ | \$ _____ | \$ _____ |
| () Zoning | \$ _____ | \$ _____ | \$ _____ |
| () Sign | \$ _____ | \$ _____ | \$ _____ |
| () Water Tap | \$ _____ | \$ _____ | \$ _____ |
| () Sewer Tap | \$ _____ | \$ _____ | \$ _____ |
| () Temp Water | \$ _____ | \$ _____ | \$ _____ |
| () Temp Elec. | \$ _____ | \$ _____ | \$ _____ |

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

| | |
|--------------------------|-----------------|
| TOTAL FEES | \$ <u>54.00</u> |
| Less Fees Paid | \$ <u>54.00</u> |
| BALANCE DUE | \$ <u>-0-</u> |

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 45 Width 22'8" Stories 1 Height 16'
 Building Volume (for Demolition Permit) _____ cubic feet
 Description of Work: 22'8" x 45' garage

| |
|---------------------------------------------------------------|
| <p>PAID</p> <p>SEP 08 1995</p> <p>CITY OF NAPOLEON</p> |
|---------------------------------------------------------------|

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 4

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 _____