

**PERMIT**

**CITY OF NAPOLEON, OHIO — DEPT. OF BUILDING & ZONING**

**255 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 592-4010**

Permit No. 363 Date Oct. 2, 1981  
 Job Location 511 E. Main St. Valuation \$ 500.00  
 Owner Clara Smith Address 511 E. Main St.  
 Contractor Construction Basics Telephone No. 599-5681  
 Address P.O. Box 646 Napoleon, Ohio  
 Electric Contractor \_\_\_\_\_  
 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 \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_  
No. dwelling units  
 New Construction \_\_\_\_\_ Addition \_\_\_\_\_ Remodel \_\_\_\_\_  
 Brief Description of Work Demolition for CDBG program

ISSUED BY Richard A. Heyman DEPT. OF BUILDING & ZONING  
Building Official

**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 inspection

**PERMIT & FEES**

Building Permit	\$ _____
Electrical Permit	\$ _____
Plumbing Permit	\$ _____
Mechanical Permit	\$ _____
Demolition Permit	\$ <u>10.00</u>
Zoning Permit	\$ _____
Sign Permit	\$ _____
Water Tap	\$ _____
Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other _____	\$ _____
<b>TOTAL FEES</b>	<b>\$ <u>10.00</u></b>
LESS FEES PAID	\$ _____
<b>BALANCE DUE</b>	<b>\$ _____</b>

**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.**

**PAID**  
**OCT 8 1981**  
**CITY OF NAPOLEON**



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# INSPECTION RECORD

UNDERGROUND		ROUGH-IN & FINA/			
Type	Date	By	Type	Date	By
<b>PLUMBING</b>	Sewer Connection		Drainage, W. & Vent		
	Building Sewer		Water Piping		
	Water Piping		Condensate Lines		
			Indirect Waste		
<b>ELECTRICAL</b>	Floor Ducts Raceways		Rough Wiring		
	Conduits & or Cable		Conduits/ Cable		
	Grounding & or Bonding		Service Panel Switchboard		
			Subpanels		
<b>MECHANICAL</b>	Refrigerant Piping		Refrigerant Piping		
	Ducts/ Plenums		Ducts/ Plenums		
			Ventilation Supply		
			Exhst.		
<b>BUILDING</b>	Location, Set-backs, Esmt(s)		Wall Construction		
	Excavation		Crawl Space		
	Footings & Reinforcing		Floor System(s)		
	Sub-soil Drain		Roof System		
	Foundation Walls		Fire Wall(s)		
	Floor Slab		Roof Cover/ Roof Drain		
FINAL APPROVAL BLDG. DEPT.		<i>[Signature]</i>	Certificate of Occupancy Issued		#

CITY OF NAPOLEON  
BUILDING INSPECTION DEPARTMENT  
APPLICATION FOR BUILDING PERMIT  
(Please print or type)

The undersigned hereby makes application for construction, installation, or alteration work as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Building Codes.

Location of project 511. <sup>E MAIN</sup> ST Cost of project 500<sup>00</sup>  
Owner's Name CLARA SMITH Address 511 E. MAIN ST.  
Contractor CONSTRUCTION BASICS Telephone No. 599-5681  
Address P.O. Box #646 NAPOLEON, OHIO

Lot Information: (Not required for siding job)  
Lot No. \_\_\_\_\_ Subdivision \_\_\_\_\_  
Zoning District \_\_\_\_\_ Lot Size \_\_\_\_\_ ft. X \_\_\_\_\_ ft. Area \_\_\_\_\_ sq. ft.  
Setbacks: Front \_\_\_\_\_ Right Side \_\_\_\_\_ Left Side \_\_\_\_\_ Rear \_\_\_\_\_

Work Information:  
Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_  
New Construction \_\_\_\_\_ Addition \_\_\_\_\_ Remodel \_\_\_\_\_  
Accessory Building \_\_\_\_\_ Siding \_\_\_\_\_  
(Specific Type)

Brief Description of Work:----- DEMOLITION - CDB6

Size: Length \_\_\_\_\_ Width \_\_\_\_\_ No. of Stories \_\_\_\_\_  
Area: 1st Floor \_\_\_\_\_ sq. ft. Basement \_\_\_\_\_ sq. ft.  
2nd Floor \_\_\_\_\_ sq. ft. Accessory Bldg. \_\_\_\_\_ sq. ft.  
3rd Floor \_\_\_\_\_ sq. ft. Other \_\_\_\_\_ sq. ft.

Additional Information: \_\_\_\_\_

APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: ELEVATIONS, FLOOR PLANS, CROSS SECTIONS AND PLOT PLAN. IF ADDITION OR REMODELING, SHOW ALL EXISTING STRUCTURES AND THEIR SIZE AND LOCATION. ALL PLANS SHALL BE DRAWN TO SCALE.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

PERMIT NO. 363  
PERMIT FEE \$ 10.00

