

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

Permit No. 4103 Issued 11/05/96
 Job Location 850 W. Main St.
 Lot _____
 Issued by Brent N. Damman
 Owner Helen Smith
 Address 850 W. Main St.
 Agent Tressler Plbg 395-1882
 Address 13419 Oris St. Defiance, OH
43512
 Use Type - Residential X
 Other - Describe _____
 No. Dwelling Units _____
 New _____ Replacement X
 Add'n. _____ Alter _____ Remodel _____
 Mixed Occupancy _____
 Change of Occupancy _____
 Estimated Cost \$ 1000.00

FEES	BASE	PLUS	TOTAL
<input type="checkbox"/> Building	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Electrical	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Plumbing	\$ <u>25.00</u>	\$ _____	\$ <u>25.00</u>
<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.....			\$ <u>25.00</u>
LESS FEES PAID.....			\$ <u>25.00</u>
BALANCE DUE.....			\$ <u>-0-</u>

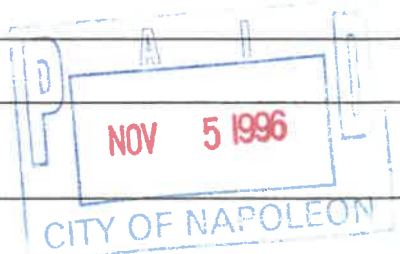
ZONING INFORMATION

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 _____ Width _____ Stories _____ Ground Floor Area _____
 Height _____ Building Volume (for Demo. Permit) _____
 Electrical: _____
 Plumbing: New sewer and waterline
 Mechanical: _____
 Additional Information: _____

Date 11/5/96 Applicant Signature Doug Tressler



METER YOKE RELEASE

This document is for the release of **one (1)** Water Meter Yoke for Residential water service lines.

RELEASE NO. 223

PERMIT NO. 4103 ISSUED 11-5-96

JOB LOCATION 850 W. Main

- Inside City Limits - Outside City Limits

ISSUED BY BMD

OWNER Helen Smith

ADDRESS 850 W. Main Map

CONTRACTOR Tressler P. Co.

ADDRESS 13419 Oak St. Depue Ohio

CONTRACTOR'S PHONE NO. 395-1882

WATER TAP SIZE: ^{3/4" existing} = 1" = 1-1/2" = 2"

WATER METER s# _____

- New Dwelling - Existing Dwelling

- Lawn Meter

5/8" Yoke

Water Service Line to be Type (K) Copper or (CTS) Polyethelene Tubing of one inch (1") minimum.

Watts No. 7 Dual check required = Yes = No

Water Meter Yoke installation is subject to the following conditions:

- 1.) Must be located in an accessible area.
- 2.) Must be in an area not subject to freezing temperatures.
- 3.) Must be eighteen inches (18") above floor level, **not in crawl spaces.**
- 4.) Must comply with the mounting criteria and clearances as set forth in **DRAWING #04403901.**

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. 4103 ISSUED 11-5-96

JOB LOCATION 850 W. Main

LOT _____
 (Subdivision or Legal Description)

ISSUED BY BND
 (Building Official)

OWNER Helen Smith PHONE _____

ADDRESS 850 W. Main Napoleon, Oh

AGENT Tressler Plbg PHONE 395-1882

ADDRESS 13419 Oris St. Defiance

USE: Residential Commercial Industrial
 Other _____

WORK: New Addition Replacement Remodel

ESTIMATED COST = \$ 1000.00

	<u>Base</u>	<u>Plus</u>	<u>Total</u>
<input type="checkbox"/> Building	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Electrical	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Plumbing	\$ <u>25.00</u>	\$ _____	\$ <u>25.00</u>
<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"/> Temp Elec.	\$ _____	\$ _____	\$ _____

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

TOTAL FEES \$ 25.00
 Less Fees Paid \$ _____
 BALANCE DUE \$ _____

ZONING INFORMATION

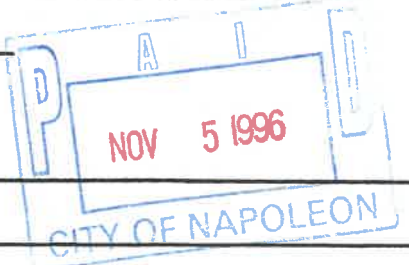
District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

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: New sewer & waterline.



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** _____

METER YOKE RELEASE

This document is for the release of **one (1)** Water Meter Yoke for Residential water service lines.

RELEASE NO. 223

PERMIT NO. 4103 ISSUED 11-5-96

JOB LOCATION 850 W. Main

- Inside City Limits - Outside City Limits

ISSUED BY SM

OWNER Helen Smith

ADDRESS 850 W. Main St

CONTRACTOR Treasler Plumbing

ADDRESS 13419 Oak St. Leflore Okla

CONTRACTOR'S PHONE NO. 395-1882

WATER TAP SIZE: ^{3/4" existing} = 1" = 1-1/2" = 2"

WATER METER s# _____

- New Dwelling - Existing Dwelling

- Lawn Meter

5/8" yoke

Water Service Line to be Type (K) Copper or (CTS) Polyethelene Tubing of one inch (1") minimum.

Watts No. 7 Dual check required = Yes = No

Water Meter Yoke installation is subject to the following conditions:

- 1.) Must be located in an accessible area.
- 2.) Must be in an area not subject to freezing temperatures.
- 3.) Must be eighteen inches (18") above floor level, **not in crawl spaces.**
- 4.) Must comply with the mounting criteria and clearances as set forth in **DRAWING #04403901.**

