

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

255 West Riverview Avenue, Napoleon, Ohio 43545 - 419-592-4010

Permit No. 01583 Issued 7-88-8
date

Job Location 920 Maple st.
address

Lot 12 A Coreys Addition
sub-div or legal discript

Issued By Eldon Huber
building official

Owner Mr. Colley
name tel.

Address 920 Maple

Agent AMRE
builder-eng.-etc. tel.

Address 11770 Belden Ct.
Livonia Mich 48150

Description of Use Residence

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel X

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 7552.00

FEES	BASE	PLUS	TOTAL
BUILDING	\$9.00	\$44.00	\$53.00
ELECTRICAL			
PLUMBING			
MECHANICAL			
DEMOLITION			
ZONING			
SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			\$53.00
LESS MIN. FEES PAID _____ <small>date</small>			
BALANCE DUE.....			

ZONING INFORMATION N/A

district <u>I-1</u>	lot dimensions	area	front yd	side yds	rear yd
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr

WORK INFORMATION: N/A

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____

Height _____ Building Volume (for demo. permit) _____ cu. ft.

Electrical: N/A
brief description

Plumbing: N/A
brief description

Mechanical: N/A
brief description

Sign: N/A Dimensions _____ Sign Area _____
type

Additional Information: Install vinyl siding

PAID

JUL 08 1988

Date _____ Applicant Signature _____
owner-agent

INSPECTION RECORD

UNDERGROUND			ROUGH-IN						FINAL		
Type	Date	By	Type	Date	By	Type	Date	By	Type	Date	By
PLUMBING	Building Drains		Drainage, Waste & Vent Piping			Indirect Waste			Drainage, Waste & Vent Piping		
	Water Piping								Backflow Prevention		
	Building Sewer		Water Piping			Condensate Lines			Water Heater		
	Sewer Connection								FINAL APPROVAL		
MECHANICAL	Refrigerant Piping		Refrigerant Piping			Chimney(s)			Grease Exhaust System		
			Duct Furnace(s)			Fire Dampers			Air Cond. Unit(s)		
	Ducts/Plenums		Ducts/Plenums			<input type="checkbox"/> Radiant Htr(s) <input type="checkbox"/> Unit Htr(s)			Refrigeration Equipment		
			Duct Insulation			Pool Heater			Furnace(s)		
			Combustion Products Vents			Ventilation <input type="checkbox"/> Supply <input type="checkbox"/> Exhst.			FINAL APPROVAL		
ELECTRICAL	Conduits & or Cable		Conduits/Cable			<input type="checkbox"/> Range <input type="checkbox"/> Dryer			Temp Service Temp Lighting		
	Grounding & or Bonding		Rough Wiring			<input type="checkbox"/> Generator(s) <input type="checkbox"/> Motors			Fixtures Lampholders		
	Floor Ducts Raceways		Service Panel Switchboard			<input type="checkbox"/> Water Htr <input type="checkbox"/> Welder			Signs		
	Service Conduit		Busways Ducts			<input type="checkbox"/> Heaters <input type="checkbox"/> Heat Cable			Electric Mtr. Clearance		
	Temporary Power Pole		Subpanels			<input type="checkbox"/> Duct Htr(s) <input type="checkbox"/> Furnace(s)			FINAL APPROVAL		
BUILDING	Location, Set-backs, Esmt(s)		Exterior Wall Construction			Roof Covering Roof Drainage			Smoke Detector		
	Excavation					Exterior Lath			Demolition (sewer cap)		
	Footings & Reinforcing					<input type="checkbox"/> Interior Lath <input type="checkbox"/> Wallboard					
	Floor Slab		Interior Wall Construction			Fire Wall(s)			Building or Structure		
	Foundation Walls		Columns & Supports			Fireplace Chimney					
	Sub-soil Drain		Crawl Space <input type="checkbox"/> Vent <input type="checkbox"/> Access			Attic <input type="checkbox"/> Vent <input type="checkbox"/> Access					
	Piles		Floor System(s)						FINAL APPROVAL BLDG. DEPT.	7/8	5/7
		Roof System			Special Insp Reports Rec'd			Certificate of Occupancy Issued			
ADDITIONAL	INSPECTIONS, CORRECTIONS, ETC.					INSPECTIONS, CORRECTIONS, ETC.					

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CITY OF NAPOLEON - BUILDING DEPARTMENT

01583 255 West Riverview Avenue, Napoleon, Ohio 43545 - 419-592-4010

Permit No. Issued 7-8-88
date

Job Location 920 MAPLE ST.
address

Lot 12 A LOREYS ADDITION
sub-div or legal discript

Issued By FH
building official

Owner MR COLLEY
name tel.

Address 920 MAPLE

Agent AMRE
builder-eng etc. tel.

Address 11770 BELDEN CT.
LIUDIA MICH #8150

Description of Use RESIDENCE

Residential 1
no dwelling units

Commercial Industrial

New Add'n. Alter Remodel X

Mixed Occupancy

Change of Occupancy

Estimated Cost \$ 7553.00

ZONING INFORMATION N.A.

district	lot dimensions		area	front yd	side yds	rear yd
<u>I-1</u>						
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WORK INFORMATION: N.A.

Size: Length Width Stories Ground Floor Area

Height Building Volume (for demo. permit) cu. ft.

Electrical: N.A.
brief description

Plumbing: N.A.
brief description

Mechanical: N.A.
brief description

Sign: N.A. Dimensions Sign Area
type

Additional Information: INSTALL WINDOW SILING

Date Applicant Signature
owner-agent

FEE	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	<u>9.00</u>	<u>44.00</u>	<u>53.00</u>
<input type="checkbox"/> ELECTRICAL			
<input type="checkbox"/> PLUMBING			
<input type="checkbox"/> MECHANICAL			
<input type="checkbox"/> DEMOLITION			
<input type="checkbox"/> ZONING			
<input type="checkbox"/> SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. <u> </u> hrs	Elect. <u> </u> hrs	
TOTAL FEES.....			<u>53.00</u>
LESS MIN. FEES PAID <u> </u>	<small>date</small>		
BALANCE DUE.....			

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 920 MAPLE ST. Cost of project 7553.00

Owner's Name COLLEY Address 920 MAPLE

Contractor AMRE Telephone No. 1-800-622-7997
LIVONIA
Address 11770 BEUDEN CT. ~~MAPLEWOODS~~, MI 48150

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 VINYL

Brief Description of Work: -VINYL SIDING (Specific Type)

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 [Signature]

PERMIT NO. _____
PERMIT FEE \$ 53.00

