

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

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

Permit No. 01180 Issued 6-16-86
date

Job Location 7 Martha Lane
address

Lot 4 Majestic Hths. Add.
sub-div or legal discript

Issued By Eldon Huber
building official

Owner James Kuser
name tel.

Address 7 Martha Lane

Agent Bruns Const. 592-1293
builder-eng.-etc. tel.

Address 10-327 Rd. P-3 Rt. 5 - Napoleon, Ohio

Description of Use Residential

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. X Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 12,000.00

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	3.00	24.00	27.00
<input type="checkbox"/> ELECTRICAL			
<input type="checkbox"/> PLUMBING			
<input type="checkbox"/> MECHANICAL			
<input type="checkbox"/> DEMOLITION			
<input checked="" type="checkbox"/> ZONING			.00
<input type="checkbox"/> SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			27.00
LESS MIN. FEES PAID _____			
			date
BALANCE DUE.....			

ZONING INFORMATION

district	lot dimensions	area	front yd	side yds	rear yd
A	164' X 220.98-128.83	32,369 S.F.	30' Min.	7' Min.	15' Min.
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr
35' Max.	2-Min.		35%		

WORK INFORMATION:

Size: Length 12' Width 15' Stories 1 Ground Floor Area 180 Sq. Ft.

Height 13' Building Volume (for demo. permit) _____ cu. ft.

Electrical: Applied for seperately
brief description

Plumbing: Applied for seperately
brief description

Mechanical: Applied for seperately
brief description

Sign: None Dimensions _____ Sign Area _____
type

Additional Information: Smoke detectors required by at bedroom area and on each **PAID**

Date 6/20/86 Applicant Signature James K Kuser **JUN 20 1986**
owner-agent **CITY OF NAPOLEON**

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 Lamp Holders		
	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)	6-20 -86	FH	Exterior Wall Construction			Roof Covering Roof Drainage			Smoke Detector		
	Excavation	6-20 -86	FH				Exterior Lath			Demolition (sewer cap)		
	Footings & Reinforcing	6-20 86	FH				<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)		FH				FINAL APPROVAL BLDG. DEPT.	9/3	FH
				Roof System		FH	Special Insp Reports Rec'd			Certificate of Occupancy Issued		
ADDITIONAL	INSPECTIONS, CORRECTIONS, ETC.						INSPECTIONS, CORRECTIONS, ETC.					
	SMOKE DETECTORS NOT INSTALLED						9/3 FH					

RESIDENTIAL PLAN CORRECTION SHEET

City of NAPOLEON
255 West Riverview Ave.
Napoleon, Ohio 43545
419/592-4010

ADDENDUM TO Permit No. 01180
Owner JAMES KUSER
Contractor BRUCE COOPT
Location 7 MARTHA LAKE

Please note the items checked below and incorporate them into your plans as indicated: PERMIT NOT YET ISSUED, CORRECT PLANS AND RE-SUBMIT. PERMIT ISSUED, INCORPORATE ITEMS DURING CONSTRUCTION.

GENERAL			
<input checked="" type="checkbox"/>	Provide approved smoke detector(s) as req'd.		Show size of members supporting porch roof.
	Provide 1/2" gypsum wallboard between dwelling and garage, on garage side.		Provide double top plate for all bearing partitions and exterior walls.
	Provide min. 1 3/8" solid wood door from garage to dwelling. (or equal)		Provide design data for prefab wood truss.
<input checked="" type="checkbox"/>	Submit fully dimensioned plot plan.		Ceiling joists undersized in _____.
<input checked="" type="checkbox"/>	Provide min. of 1-3'0" x 6'8" exit door.		Roof rafters undersized in _____.
	Provide min. 22" x 30" attic access opening.	PLUMBING AND MECHANICAL	
	Provide min. 18" x 24" crawl space access opening.		Terminate all exhaust systems to outside air.
	Provide approved sheathing or flashing behind masonry veneer.		Insulate ducts in unheated areas.
<input checked="" type="checkbox"/>	Provide min. 15# underlayment on roof.		Provide backflow prevention device on all hose bibs.
	Provide adequate fireplace hearth.		Terminate pressure and temperature relief valve drain in an approved manner.
	Install factory built fireplaces/stoves according to manufacturers instructions.		Provide dishwasher drain with approved air gap device.
	Terminate chimney 2' above roof or 2' above highest point of building within 10' of chimney.	METAL VENEERS	
LIGHT AND VENTILATION			Contact City Utilities Dept. to remove conductors and/or meter.
	Provide mechanical exhaust or window in bathroom		Provide approved system of grounding and bonding.
<input checked="" type="checkbox"/>	Provide min. _____ Sq. In. net free area attic ventilation.	ELECTRICAL	
	Provide min. _____ Sq. In. net free area crawl space ventilation.		Show location of service entrance panel and service equipment panel.
FOUNDATION			G. F. C. I. req'd. on temporary electric.
	Min. depth of foundation below finished grade is 32".		Outdoor, bathroom and garage receptacles shall be protected by G. F. C. I.
	Min. size of footer _____" x _____".		Maximum number of receptacles permitted on a G. F. C. I. circuit shall be 10 for 20 A. circuits and 7 for 15A. circuits.
<input checked="" type="checkbox"/>	Provide anchor bolts 1/2" @ 6' o.c. 1' from each corner. Embedded 7" in concrete and 15" in masonry.		Refrigerators, microwaves, washers, disposal, furnace and air conditioners shall be on separate circuits.
	Show size of basement columns.	INSPECTIONS	
FRAMING			The following indicated inspections are required. The owner or his agent shall contact the City Building Dept. at least 24 hrs prior to the time the inspection is to be made.
	Show size of wood girder in _____.	<input checked="" type="checkbox"/>	Footers and Setbacks.
	Provide design data for structural member in _____.	<input checked="" type="checkbox"/>	Foundation.
	Floor joists undersized in _____.		Plumbing rough-in.
	Provide double joists under parallel bearing partitions.	<input checked="" type="checkbox"/>	Final Building other,
<input checked="" type="checkbox"/>	Provide 1" x 4" let in corner bracing, approved sheathing, or equal.		Plumbing final.
<input checked="" type="checkbox"/>	Show size of headers for openings over 4' wide _____.		Electrical service.
			Electrical rough-in.
			Electrical final

Additional Corrections. 1/2" DRYWALL BTWN STYROFOAM AND INTERIOR
OF BOLLING

The approval of plans and specifications does not permit the violation of any section of the Building Code or other City Ordinance. This addendum is attached to Permit No. 01180 and made a part thereof. DATE APPROVED OR DISAPPROVED 6-17-86 Checked by EH

DATE RECHECKED AND APPROVED _____

Checked by _____

Plan Examiner.

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

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

Permit No. 01180 Issued 6-16-86
date

Job Location 7 Martha Lane
address

Lot 4 Majestic Hths. Add.
sub-div or legal discript

Issued By Eldon Buber
building official

Owner James Kuser
name tel.

Address 7 Martha Lane

Agent Bruns Const. 592-1293
builder-eng.-etc. tel.

Address 10-327 Rd. P-3 Rt. 5 - Napoleon, OH10

Description of Use Residential

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. X Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 12,000.00

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<input type="checkbox"/> ELECTRICAL			
<input type="checkbox"/> PLUMBING			
<input type="checkbox"/> MECHANICAL			
<input type="checkbox"/> DEMOLITION			
<input type="checkbox"/> ZONING			.00
<input type="checkbox"/> SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			27.00
LESS MIN. FEES PAID _____			
BALANCE DUE.....			

ZONING INFORMATION

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35' Max.	2-Min.		35%		

WORK INFORMATION:

Size: Length 12' Width 15' Stories 1 Ground Floor Area 180 Sq. Ft.

Height 13' Building Volume (for demo. permit) _____ cu. ft.

Electrical: Applied for separately
brief description

Plumbing: Applied for separately
brief description

Mechanical: Applied for separately
brief description

Sign: None Dimensions _____ Sign Area _____
type

Additional Information: Smoke detectors required by at bedroom area and on each story.

Date 6/20/86 Applicant Signature James Kuser owner-agent **PAID**
JUN 20 1986

REPORT

CITY OF BOSTON, BUREAU OF PUBLIC WORKS

STATE OF MASSACHUSETTS, DEPARTMENT OF PUBLIC WORKS

01110

DATE	DESCRIPTION	AMOUNT	REMARKS
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01110
 01110
 01110

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

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

Permit No. 01180 Issued _____ date _____

Job Location 7 MAJESTIC CREEK address _____

Lot 4 MAJESTIC HTS ADD sub-div or legal discript _____

Issued By E building official _____

Owner JAMES KLEER name _____ tel. _____

Address 7 MAJESTIC CREEK _____

Agent ALICE PL & HT, 599-1786 builder-eng.-etc. 572-1295 tel. _____

Address 1201 WOODLAWN AVE _____

Description of Use RESIDENTIAL

Residential 1 no. dwelling units _____

Commercial _____ Industrial _____

New _____ Add'n. X Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 12,000.00

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	27.00	27.00	27.00
<input type="checkbox"/> ELECTRICAL			
<input checked="" type="checkbox"/> PLUMBING	3.00	2.00	5.00
<input type="checkbox"/> MECHANICAL			
<input type="checkbox"/> DEMOLITION			
<input checked="" type="checkbox"/> ZONING			
<input type="checkbox"/> SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			5.00
LESS MIN. FEES PAID _____ date _____			
BALANCE DUE.....			27.00

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WORK INFORMATION:

Size: Length 12' Width 15' Stories 1 Ground Floor Area 180 SQ. FT.

Height 13' Building Volume (for demo. permit) _____ cu. ft.

Electrical: APPLIED FOR SEPARATELY brief description _____

Plumbing: APPLIED FOR SEPARATELY SPA DRAIN + SINK brief description _____

Mechanical: APPLIED FOR SEPARATELY brief description _____

Sign: NONE Dimensions _____ Sign Area _____

Additional Information: SMOKE DETECTORS REQ. BY REGIONAL AREA AND ON EACH STORY

Date _____ Applicant Signature _____ owner-agent _____

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

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

Permit No. 01180 Issued _____ date _____

Job Location 7 MARTHA LANE address _____

Lot 4 MAJESTIC HTS ADD sub-div or legal discript _____

Issued By EH building official _____

Owner JAMES KUSER name _____ tel. _____

Address 7 MARTHA LANE _____

Agent BROUS COUPT 592-1295 builder-eng.-etc. _____ tel. _____

Address 10 327 RD P-3 RT 5 _____
NAPOLEON OHIO

Description of Use RESIDENTIAL _____

Residential 1 no. dwelling units _____

Commercial _____ Industrial _____

New _____ Add'n. X Alter _____ Remodel _____

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Change of Occupancy _____

Estimated Cost \$ 12,000.00

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<input type="checkbox"/> DEMOLITION			
<input checked="" type="checkbox"/> ZONING			
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WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs		
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TOTAL FEES.....			
LESS MIN. FEES PAID _____			
			date _____
BALANCE DUE.....			27,00

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max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr
<u>35' MAX</u>	<u>2-MIN</u>		<u>35%</u>		

WORK INFORMATION:

Size: Length 12' Width 15' Stories 1 Ground Floor Area 180 Sq. Ft.

Height 13' Building Volume (for demo. permit) _____ cu. ft.

Electrical: APPLIED FOR SEPERATELY brief description _____

Plumbing: APPLIED FOR ~~OTHER~~ SEPERATELY brief description _____

Mechanical: APPLIED FOR SEPERATELY brief description _____

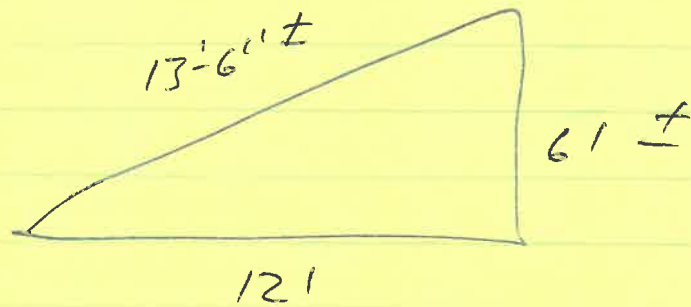
Sign: NONE Dimensions _____ Sign Area _____

Additional Information: SMOKE DETECTORS REQ. AT BEDROOM AREA AND ON EACH STORY

Date _____ Applicant Signature _____ owner-agent _____

RAFTERS

2x10



JAMES KUSER SPA ADDITION

SITE PLAN SHOWING DIMENSIONS OF PROPERTY

SIZE + LOCATION OF EXISTING BUILDING + OTHER IMPROVEMENTS

LOCATE LOT CORNER MARKERS

STYROFOAM INSULATION COVERED WITH DRYWALL

CEILING HEIGHT

? NO CEILING JOISTS



FLOOR PLAN
EXTERIOR ELEVATIONS

CALL

WILL

RETURN W/ 20017, 1000

~~CATE~~ ~~BACK~~

BRUNS CONPT.

592-1293

KUSER SPA

SITE PLAN WITH ALL IMPROVEMENTS

PLAN OF EXISTING HOUSE + OVERALL DIM.

~~CEILING HT~~ ✓

~~ROOF PITCH~~ ✓

*

ELEVATIONS

FLOOR CONSTRUCTION

SPACING OF RAFTERS

FLOOR PLAN

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 7 Martha Lane Cost of project \$12,000⁰⁰
 Owner's Name James Kuser Address 7 Martha Lane
 Contractor Burns Const Telephone No. 592-1293
 Address 10-327-Rd P3 Rt 5 Nap. O.

Lot Information: (Not required for siding job)

Lot No. 4 Subdivision Majestic Hths add
 Zoning District - Lot Size - ft. X - ft. Area 59 A sq. ft.
 Setbacks: Front - Right Side 75' Left Side - Rear 60'

Work Information:

Residential Commercial Industrial
 New Construction Addition Remodel
 Accessory Building Siding Unyel-
 (Specific Type)

Brief Description of Work: -----

Size: Length 12 Width 15 No. of Stories 1
 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:

(addition for SPA)

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 6-9-86 Applicant's Signature Eldor Burns

DRAW PLOT PLAN REVERS SIDE

Elections + Plumbing, By other's Permit

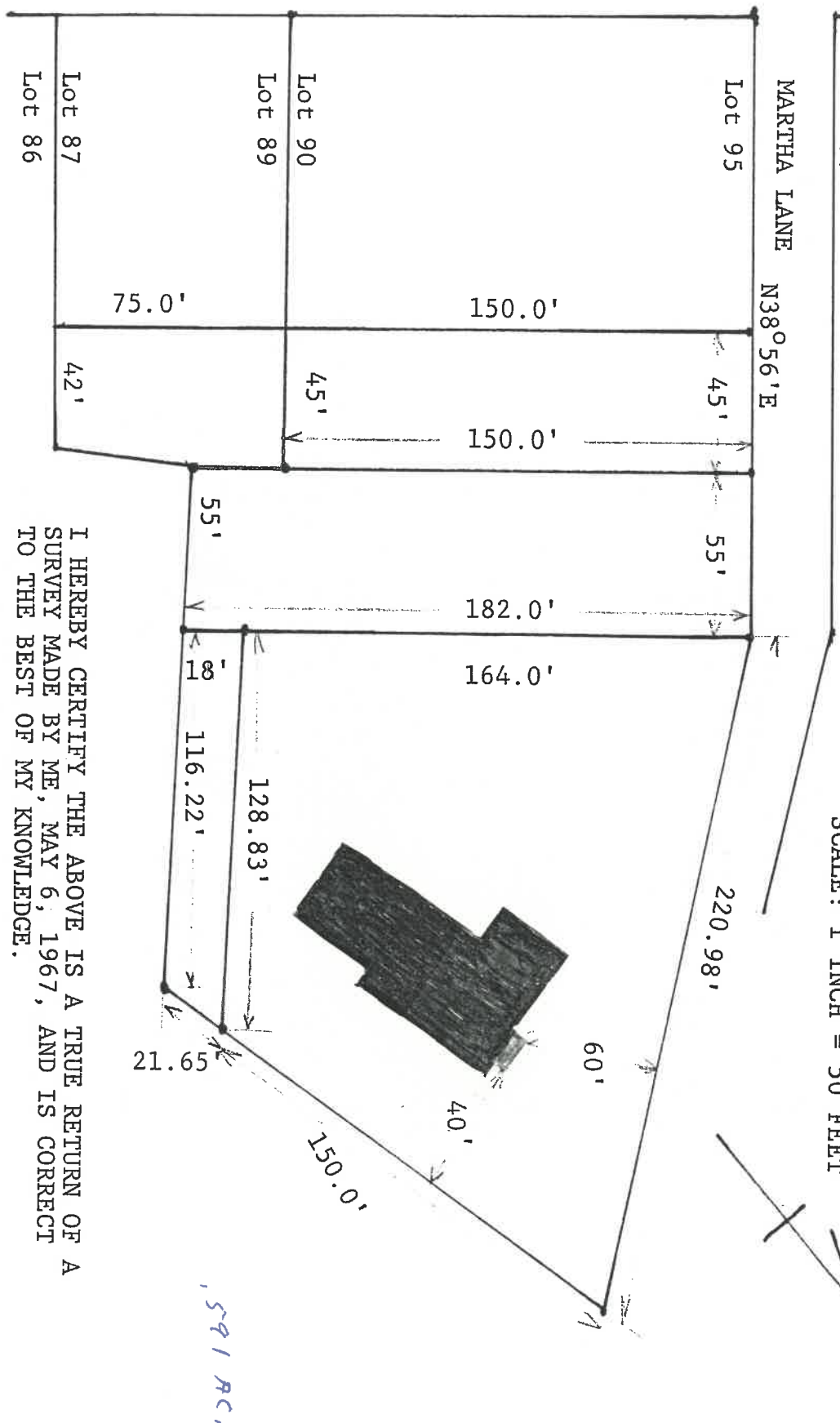
PERMIT NO.

PERMIT FEE \$

SURVEY PLAT OF PART OF THE NW¼ SEC. 23, TWP. 5K, RANGE 6E AND PART OF LOTS 87 THROUGH 95 IN MAJESTIC HEIGHTS ADDITION IN THE CITY OF NAPOLEON, HENRY COUNTY, OHIO.

Lot 97

SCALE: 1 INCH = 50 FEET



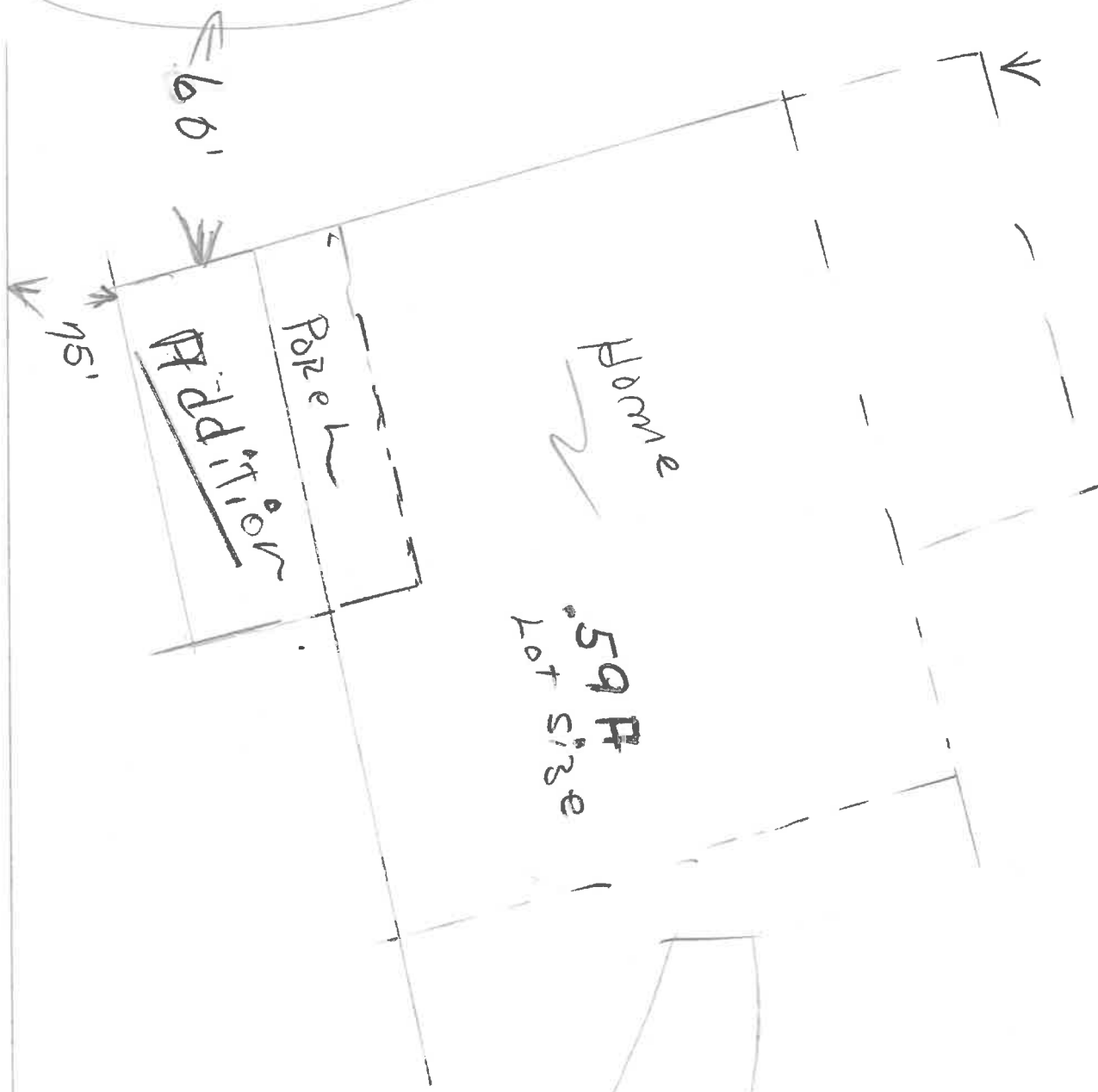
I HEREBY CERTIFY THE ABOVE IS A TRUE RETURN OF A SURVEY MADE BY ME, MAY 6, 1967, AND IS CORRECT TO THE BEST OF MY KNOWLEDGE.

KENNETH B. GRAHAM REG. SURVEYOR NO. 2136

591 AC.

Wooded Area

Footprint UNKNOWN



7 - Neighbor fence

Home

Addition

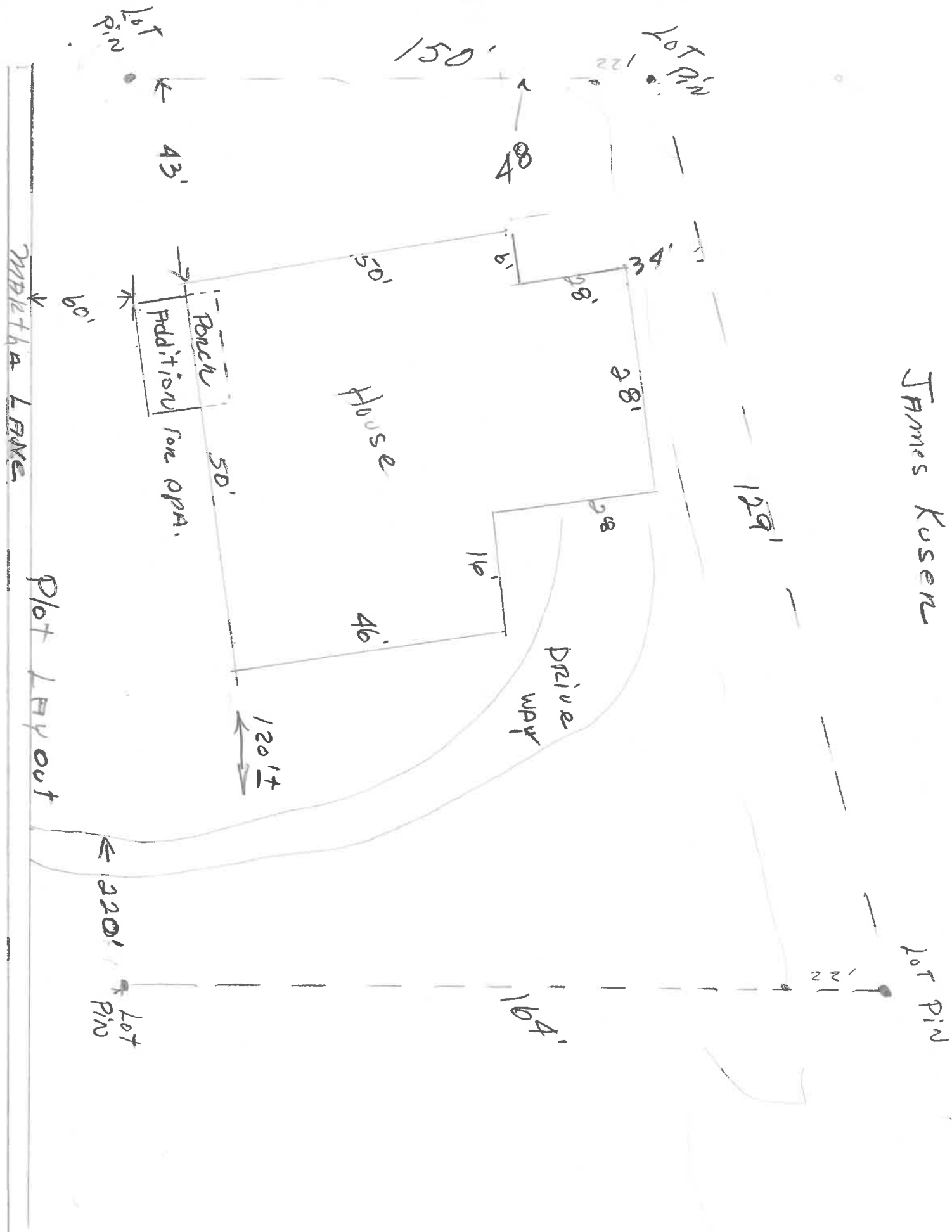
Porch

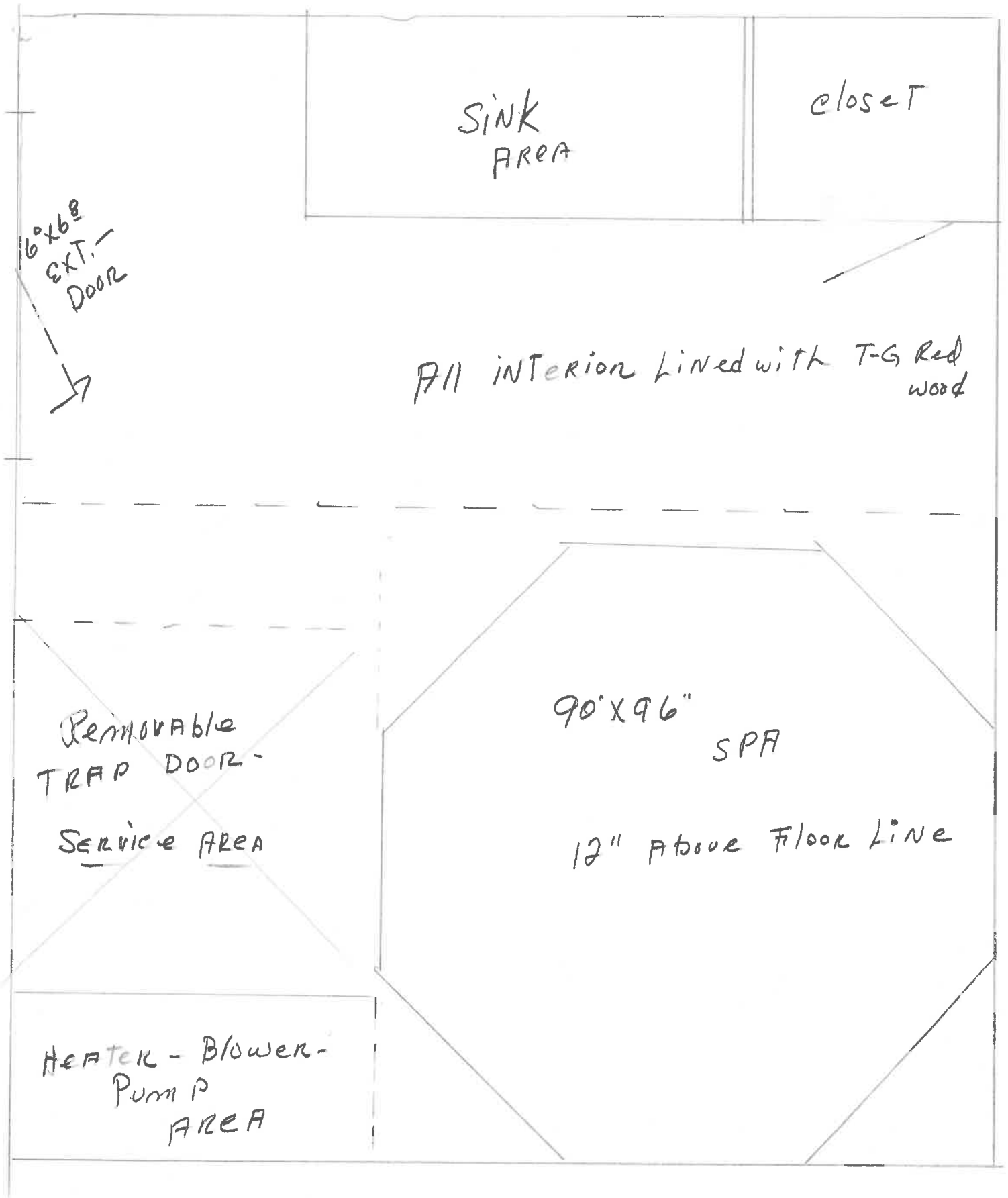
.59# Lot size

Driveway

WEST -> EXTRA Lot

James Kusen





FLOOR PLAN -

JAMES KUSER

P.O.R.

SINK
EYED - POREH

clo

West
North wall Home.

RAFTERS

INTERIOR - R.W.
FILL SIDING -
Ceilings - FLOOR
Addition

90" x 90"

SPFA

12" Above EXISTING
Along FACED WITH R.W.
main floor in Room

1" STYROFOAM SIDING
with EXTENSION

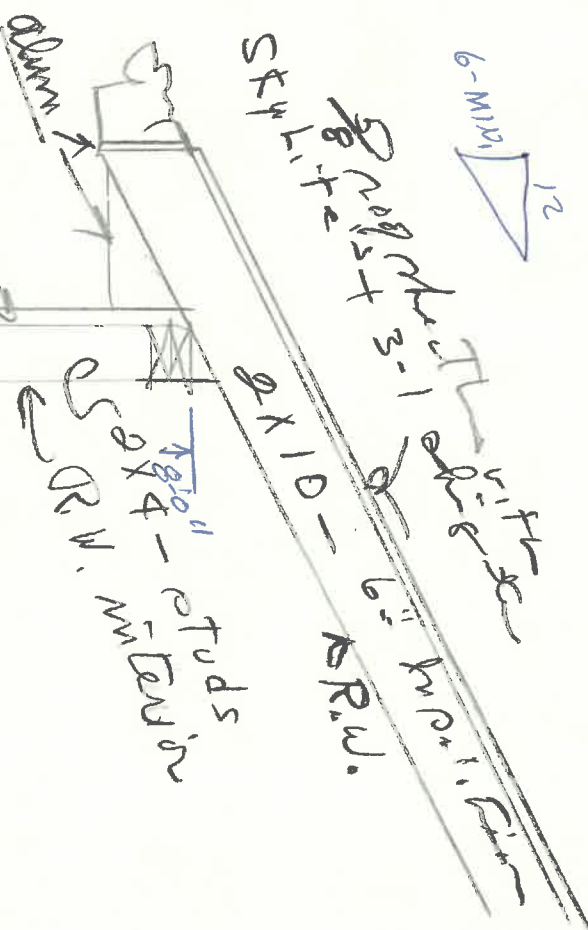
1/8" PILL

2" STYROFOAM

8" Block

12" R.W. RIB. 4" dia.

2x8
TREATED PC
EXISTING
SCAB



R.W. -
WOODS
W.T.

Wall Section
16"

MIN 3-1
MIN 10-6
MIN 12-12



James Kuser

House
wall
line

Porch ceiling
R.W.

R.W.

6' x 9' 2"
Exterior
Door

Back Porch
concrete D/B

MAIN Floor level

R.W. Floor

SPR

3-SKY Lites
34 x 92

2x10

R.W.

R.W.

Back Elevation

