

PERMIT
CITY OF NAPOLEON - BUILDING DEPARTMENT

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

Permit No. 02018 Issued 6-28-90
date

Job Location 123 W. Maumee
address

Lot 2 Part of Lot 2 John G. Lowe's 1st
sub-div or legal discript Addition

Issued By Brent N. Damman
building official

Owner Pat Hutchinson 592-1775
name tel.

Address 123 W. Maumee Ave.

Agent self
builder-eng.-etc. tel.

Address _____

Description of Use ~~xxx~~ Residence

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 6,000.00

ZONING INFORMATION

district GB	lot dimensions 50 x 180*	area 9000	front yd 25	side yds 5	rear yd 15
max hgt 35	no pkg spaces 2	no ldg spaces	max cover 45%	petition or appeal req'd	date appr

WORK INFORMATION:

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

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

Electrical: _____
brief description

Plumbing: _____
brief description

Mechanical: _____
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

Additional Information: add on to existing residence, to be used as storage.

PAID

Date 6-28-90 Applicant Signature Pat Hutchinson JUN 29 1990
owner-agent

FEE	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	9.00	40.00	49.00
<input checked="" type="checkbox"/> ELECTRICAL	15.00	3.00	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. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			67.00
LESS MIN. FEES PAID <u>6-29</u> <small>date</small>			<u>67.00</u>
BALANCE DUE.....			67.00

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	8/22	BD	<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	8/22	BD
BUILDING	Location, Set-backs, Esmt(s)			Exterior Wall Construction	8/8	BD	Roof Covering Roof Drainage	8/22	BD	Smoke Detector		
	Excavation						Exterior Lath			Demolition (sewer cap)		
	Footings & Reinforcing	7/2	BD				<input type="checkbox"/> Interior Lath <input type="checkbox"/> Wallboard					
	Floor Slab			Interior Wall Construction	8/8	BD	Fire Wall(s)			Building or Structure	8/22	BD
	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.	8/22	BD
				Roof System	8/8	BD	Special Insp Reports Rec'd			Certificate of Occupancy Issued		
ADDITIONAL	INSPECTIONS, CORRECTIONS, ETC.						INSPECTIONS, CORRECTIONS, ETC.					
	PAID											
	JUN 5 3 1990											
	CITY OF NAPOLÉON											

PERMIT

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

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building official

Owner Pat Hutchinson 592-1775
name tel.

Address 123 W. Maumee Ave.

Agent self
builder-eng.-etc. tel.

Address _____

Description of Use add Residence

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 6,000.00

FEES	BASE	PLUS	TOTAL
<input type="checkbox"/> BUILDING	9.00	40.00	49.00
<input type="checkbox"/> ELECTRICAL	15.00	3.00	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			
SEW. INSP.			
SEWER TAP			
TEMP. WATER			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			67.00
LESS MIN. FEES PAID _____			
			date
BALANCE DUE.....			67.00

ZONING INFORMATION

district	lot dimensions	area	front yd	side yds	rear yd
GB	50 x 180*	9000	25	5	15
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr
35	2		45%		

WORK INFORMATION:

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

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

Electrical: _____
brief description

Plumbing: _____
brief description

Mechanical: _____
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

Additional Information: add on to existing residence, to be used as storage.

Date 6-28-90 Applicant Signature Pat Hutchinson
owner-agent

APPLICATION
for
RESIDENTIAL BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, PERMITS and DEMOLITION PERMIT
from the
CITY OF NAPOLEON - BUILDING DEPARTMENT

Entry No. _____ 255 West Riverview Ave. Napoleon, Ohio 43545 Pn. 419-592-4010

Permit No. 02018 Issued 6-28-90

Job Location 123 W. Maumee

Lot 2 Part of Lot 2 John G. Lowe's 1st add
sub-div. or legal disc.

Issued By Brent N. Damman
building official

Owner Pat Hutchinson Pn. 592-1775

Address 123 W. Maumee Ave.

Agent Self Pn. _____

Address _____

Description of Use Residents

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 6000.00

-ZONING INFORMATION
GB 30 X 100* 9000
district lot dimensions area

max hgt 35 no pkg spaces 2 no ldg spaces _____ max cover 45%

_____ petition or appeal req'd. _____ date appr _____

WORK INFORMATION:

BUILDING: Garage Fl. Area _____ Basement Fl. Area _____ Second Floor Area _____

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

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

Description of Work: add on to existing residents. to be

used as storage.

Cl. Permits Reg.	Base	Fees Plus	Total
<input checked="" type="checkbox"/> Building	<u>9.00</u>	<u>40.00</u>	<u>49.00</u>
<input checked="" type="checkbox"/> Electrical	<u>15.00</u>	<u>3.00</u>	<u>18.00</u>
<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"/> Sewer Tap	_____	_____	_____
<input type="checkbox"/> Temp. Water	_____	_____	_____
<input type="checkbox"/> Temp. Elec.	_____	_____	_____
Additional struc. plan review	_____	_____	_____ hrs
Elect.	_____	_____	_____ hrs
Total Fees.....	_____	_____	<u>\$67.00</u>

Less Min. Fees Pd. _____

Balance Due..... 67.00

front yd 25 side yds. 5 rear yd 15

PAID

JUN 29 1990

ELECTRICAL: Electrical Contractor _____ Pn. _____
 Address _____ Estimated Cost \$ _____
 Type of work: New _____ Service change _____ Rewiring _____ Additional Wiring _____ Temp. Elec. Req. _____
 Size of service _____ Underground _____ Overhead _____ No. of new circuits _____
 Description of work: _____

PLUMBING: Plumbing Contractor _____ Pn. _____
 Address _____ Estimated Cost \$ _____
 Water Tap Req. _____ Size _____ Type of Pipe _____ Water Dist. Pipe _____
 yes no type
 San. Sewer Tap Req. _____ Size _____ Type of Pipe _____ Dr. Waste Vt. Pipe _____
 yes no type
 St. Sewer Tap Req. _____ Size _____ Type of Pipe _____ Street to be Opened _____
 yes no yes no
 Main Building Drain Size _____ Main Vent Pipe Size _____ List Number of Plumbing Fixtures Below
 Water Closets _____ Bathtubs _____ Showers _____ Lavatories _____ Kitchen Sinks _____ Disposal _____ Dishwasher _____ Clothes Washer _____
 Floor Drains _____ Other Fixtures: Type _____ No. _____
 Description of Work: _____

MECHANICAL: Mechanical Contractor _____ Pn. _____
 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 _____
 No. of Heat Zones _____ Hot Water: (One Pipe _____ Two Pipe _____ Series Loop _____) Electric Heat: (No of Circuits _____) No. of Furnaces _____
 No. of Hot Air Runs _____ No. of Hot Water Radiators _____ Total Heat Loss _____ Rated Capacity of Furnace/Boiler _____
 Location of Heating Units: Crawl Space _____ Floor Level _____ Attic _____ Suspended _____ Roof _____ Outside _____ Other _____
 Description of Work _____

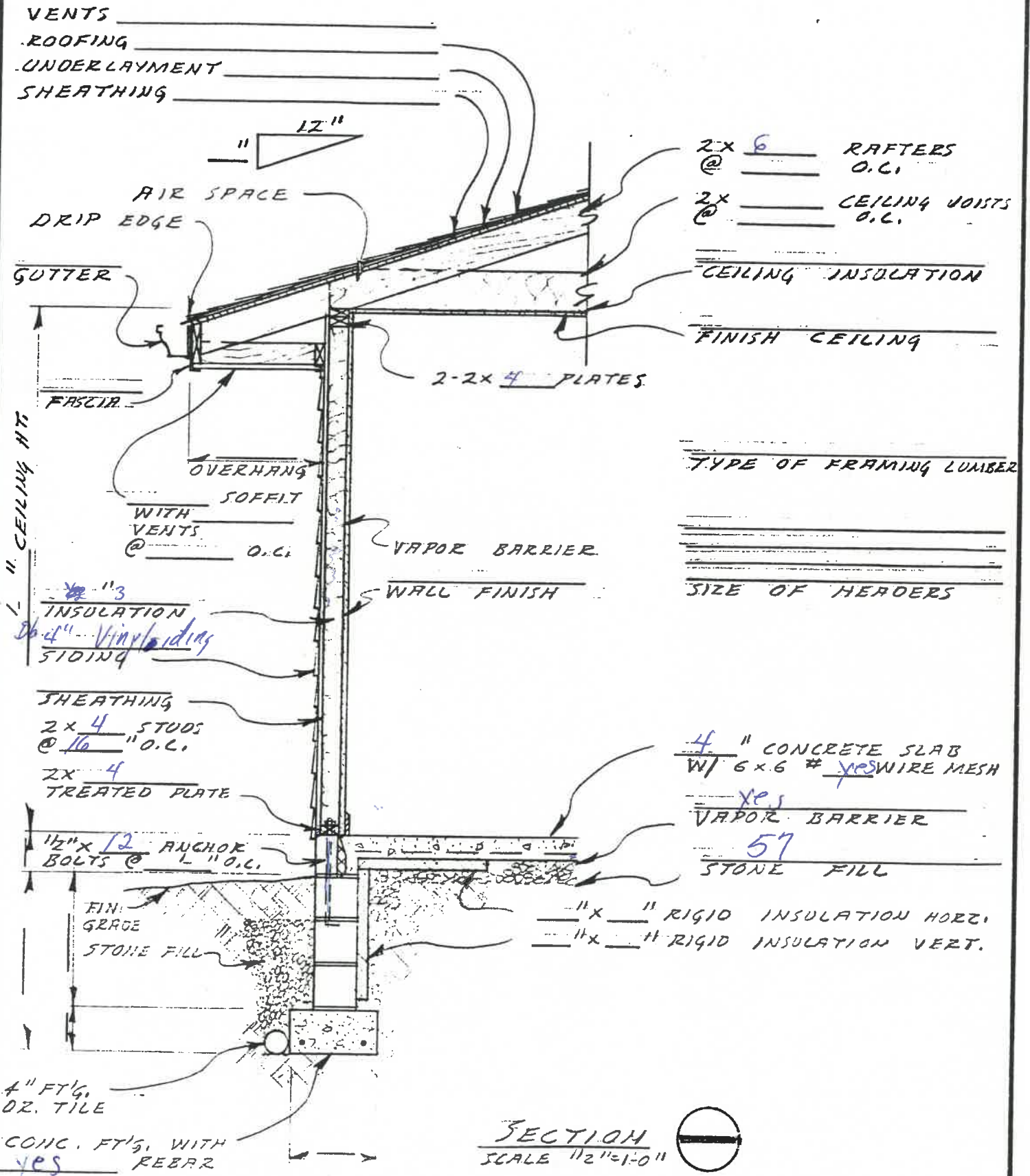
DRAWINGS REQUIRED: All Applications must be Accompanied by Two Complete sets of Drawings Including SITE PLAN, FOUNDATION PLAN, FLOOR PLANS, STRUCTURAL FRAMING PLANS, EXTERIOR ELEVATIONS, SECTIONS and DETAILS, STAIR DETAILS, ELECTRICAL LAYOUT, PLUMBING ISOMETRIC, HEATING LAYOUT ETC. All plans shall be DRAWN TO SCALE. Show all existing structures on the site plan also, 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 Dept. Rules and Regulations, Standard Specifications and other Pertinent Sections of the Napoleon Code of Ordinances.

Date _____ Signature of Applicant _____
 Application not valid without signature

RECEIVED TO FILE

NAPOLEON BUILDING DEPARTMENT (SAMPLE DRAWING)



SECTION
 SCALE 1/2"=1'-0"


DATE _____	WALL SECTION @ SLAB ON GRADE	DWG. NO OF _____
------------	------------------------------	------------------

4-11-87
 E
 H

Contractor: BARTON ELECTRIC INC Phone: 599-2992
Address: 13414 CARDS NAPOLEON, LA ESTIMATED COST = \$ 1200.00

Type of Work: () New (X) Service Change () Rewiring () Add'l Wiring TEMPORARY ELEC. REQUIRED - () Yes (X) No
Size of Service 200 Underground _____ Overhead X Number of New Circuits _____

Description of Work: REPLACE 60A SERVICE OUTSIDE MOVE NEW SERVICE INSIDE

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: John Swearingen Date: 3-24-98

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. _____		<u>Base</u>	<u>Plus</u>	<u>Total</u>
PERMIT NO. _____ ISSUED _____	() Building	\$ _____	\$ _____	\$ _____
JOB LOCATION _____	() Electrical	\$ _____	\$ _____	\$ _____
LOT _____ (Subdivision or Legal Description)	() Plumbing	\$ _____	\$ _____	\$ _____
ISSUED BY _____ (Building Official)	() Mechanical	\$ _____	\$ _____	\$ _____
OWNER <u>HERI HECKERMAN</u> PHONE <u>592-0067</u>	() Demolition	\$ _____	\$ _____	\$ _____
ADDRESS <u>123 W. MAUMEE</u>	() Zoning	\$ _____	\$ _____	\$ _____
AGENT _____ PHONE _____	() Sign	\$ _____	\$ _____	\$ _____
ADDRESS _____	() Water Tap	\$ _____	\$ _____	\$ _____
USE: <input checked="" type="checkbox"/> Residential () Commercial () Industrial	() Sewer Tap	\$ _____	\$ _____	\$ _____
() Other _____	() Temp Water	\$ _____	\$ _____	\$ _____
WORK: () New () Addition () Replacement () Remodel	() Temp Elec.	\$ _____	\$ _____	\$ _____
ESTIMATED COST = \$ <u>1200⁰⁰</u>	Additional Structure _____ Hours _____			
	Plan Review: Electric _____ Hours _____			

TOTAL FEES \$ _____
 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: Width _____ Length _____ Stories _____ Height _____

Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: _____