

P2009-41

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# NEW HOME AND ADDITION PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITION, REMODELING

DATE 5-28-09 JOB LOCATION 408 WEST MAUMEE AV

LOT # \_\_\_\_\_ SUBDIVISION NAME \_\_\_\_\_

OWNER NATHAN MINNICK PHONE (419) 579-0511

OWNER ADDRESS 71 OAK DR. CITY NAPOLEON ZIP 43549

CONTRACTOR - ~~MINNICK - NORMAN~~ PHONE 419-592-4561

CONTRACTOR ADDRESS <sup>Lindsay West house</sup> 71 OAK DR. CITY NAPOLEON ZIP 43545

CONTRACTOR FAX # 419-592-0190 CELL PHONE 419-966-1016

DESCRIPTION OF WORK TO BE PERFORMED: NEW HOME CONSTRUCTION

ESTIMATED COST OF WORK TO BE PERFORMED: \$130,000

BUILDING: Basement Floor Area 1540 Sq. Ft. 1st Story Living Area 1630 Sq. Ft.  
<sup>3117</sup><sub>58</sub> 2nd Floor Living Area 562 Sq. Ft. Garage Floor Area 925 Sq. Ft.

Masonry Contractor M.R. HAWCOCK Phone 419/682-7249 Fax \_\_\_\_\_  
Address 21216 ST. RT 34 City STRYKER St \_\_\_\_\_ Zip \_\_\_\_\_

Electrical Contractor NORM MINNICK Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Plumbing Contractor NORM MINNICK Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Heating Contractor NORM MINNICK Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Insulation Contractor NORM MINNICK Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Other Contractor attach information: ACE BUILDERS 4442 CR68  
AUBURN IN. 46706 260-625-2327

ZONING INFORMATION (to be completed by City): District \_\_\_\_\_ Lot Dimensions \_\_\_\_\_  
Lot Area \_\_\_\_\_ FRSB \_\_\_\_\_ SYSB \_\_\_\_\_ RYSB \_\_\_\_\_ Max Ht \_\_\_\_\_ ft Max Cov \_\_\_\_\_ %

I by signing below agree to comply with all applicable City of Napoleon Codes & Ordinances while performing the work herein described. I understand that all work for which a permit is issued is required to be approved by the building inspector of the City of Napoleon.  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

X Building - 365.32  
X Mech. - 25.25  
X Elec. - 85.85  
X Plumb. - 67.67  
544.09

3.42  
- .25  
- .85  
67  
5.39  
# 21703

# CITY OF NAPOLEON GENERAL PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL,  
PLUMBING, MECHANICAL, DEMOLITIONS & REMODELING

DATE 5-28-09 JOB LOCATION 408 WEST MAUMEE AV  
 OWNER NATHAN MINNICK TELEPHONE # 419/579-0511  
 OWNER ADDRESS 71 OAK DRIVE NAPOLEON  
 CONTRACTOR MINNICK NORM CELL PHONE # 419-966-1016  
 DESCRIPTION OF WORK TO BE PERFORMED NEW HOUSE CONSTRUCTION  
 ESTIMATED COMPLETION DATE 12-1-09 ESTIMATED COST 130,000

**Affected Floor Area (AFA):** In existing structures, it is the area affected by the improvement, i.e. a new wall dividing a room (the AFA would be only the room and not all the rooms).

DESCRIPTION	FEE	TOTAL COST
<i>Addition &amp; Alterations</i> Square foot in (AFA) <u>2192</u> x \$0.05 = \$ <u>109.60</u> +	\$25.00 =	\$ <u>134.60</u>
<i>Electrical</i> Circuits in (AFA) <u>20</u> x \$3.00/Circuit = \$ <u>60.00</u> +	\$25.00 =	\$
<i>Plumbing</i> Traps in (AFA) <u>7</u> x \$3.00/Trap = \$ <u>21.00</u> +	\$25.00 =	\$
<b>Siding and/or Roofing</b>	\$25.00	\$
<b>Windows/Doors</b>	\$25.00	\$
<b>Decks</b>	\$25.00	\$
<b>Garage and Shed over 250 SF (Detached)</b>	\$25.00	\$
<b>Electrical Service Upgrade</b>	\$25.00	\$
<b>Water Heater</b>	\$25.00	\$
<b>Furnace and/or AC Replacement</b>	\$25.00	\$
MBP (100.3100.46510)	<b>Subtotal:</b>	\$
(100.0000.42700) PLUS Ohio Board of Building Standards Fee	+ 1%	\$

**TOTAL FEE: \$**

**I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BUILDING/ZONING DEPARTMENT.**

*I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of record and that I have been authorized by the Owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for Work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.*

**I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.**

SIGNATURE OF APPLICANT: Nathan Minnick DATE: 5/28/09

PRINT NAME: NATHAN MINNICK

BATCH #	CHECK #	DATE
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Electrical:

Size of Service 200 AMP Underground \_\_\_\_\_ Overhead \_\_\_\_\_ Number of New Circuits 20

Plumbing:

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 \_\_\_\_\_

Main Building Drain Size 4" Main Vent Pipe Size 3"

List Number of Plumbing Fixtures Below  
Water Closets 3 Bathtubs 1 Showers 2 Lavatories 3 Kitchen Sinks 1 Disposal 1

Clothes Washer 1 Floor Drains \_\_\_\_\_ Dishwasher 1 Laundry Sink 1 Other \_\_\_\_\_  
Total 14

Mechanical:

Heating Systems  
( ) 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

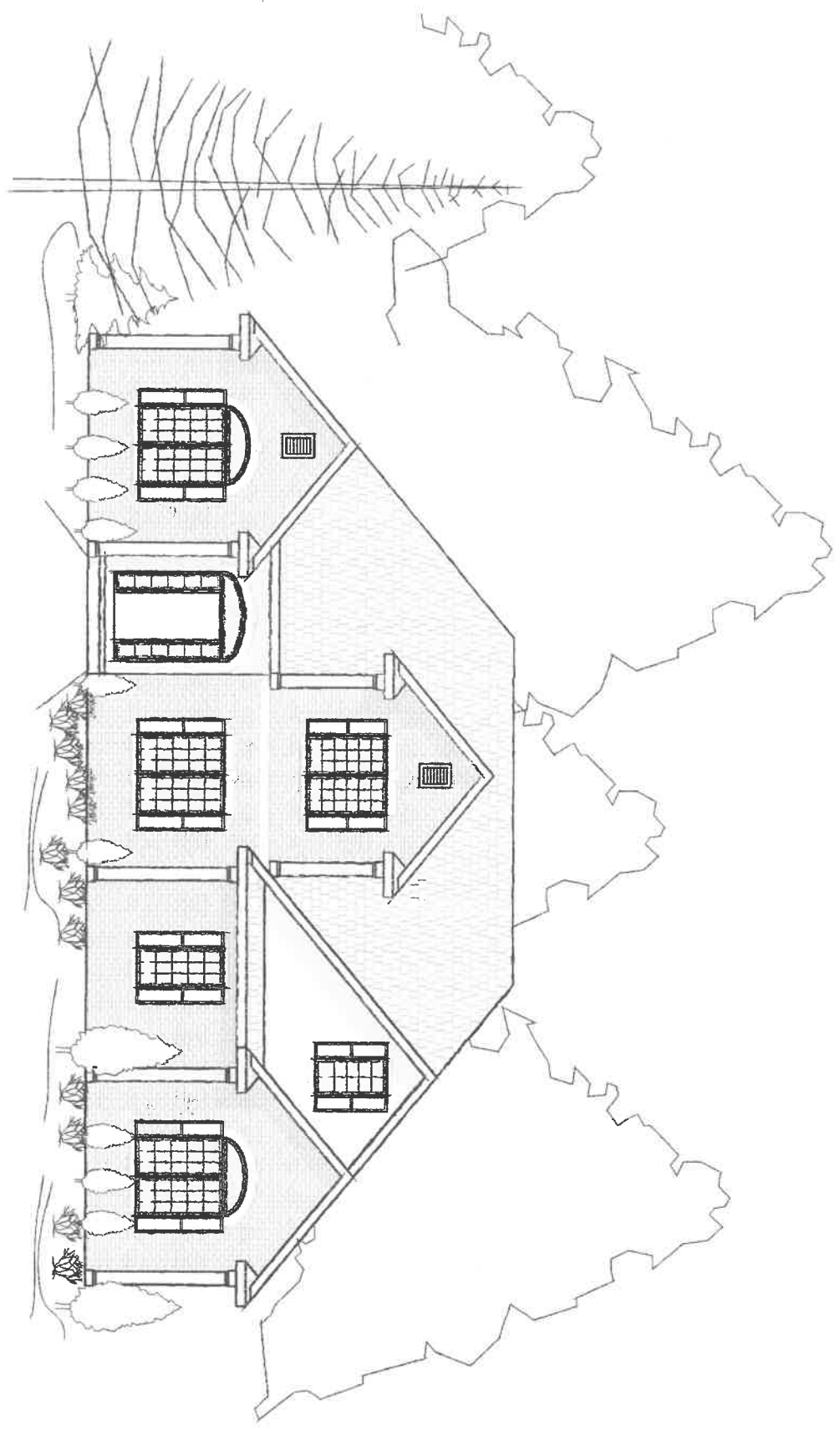
Electric Heat - Number of Circuits \_\_\_\_\_ Number of Furnaces \_\_\_\_\_ Number of Hot Air Runs \_\_\_\_\_

Number of Hot Water Radiators \_\_\_\_\_ Total Heat Loss 55,000 BTU Rated Capacity of Furnace/Boiler \_\_\_\_\_

Location of Equipment - ( ) Crawl Space ( Floor Level) ( ) Attic ( ) Suspended ( ) Roof ( ) Outside



*Proposed Minnick Residence*

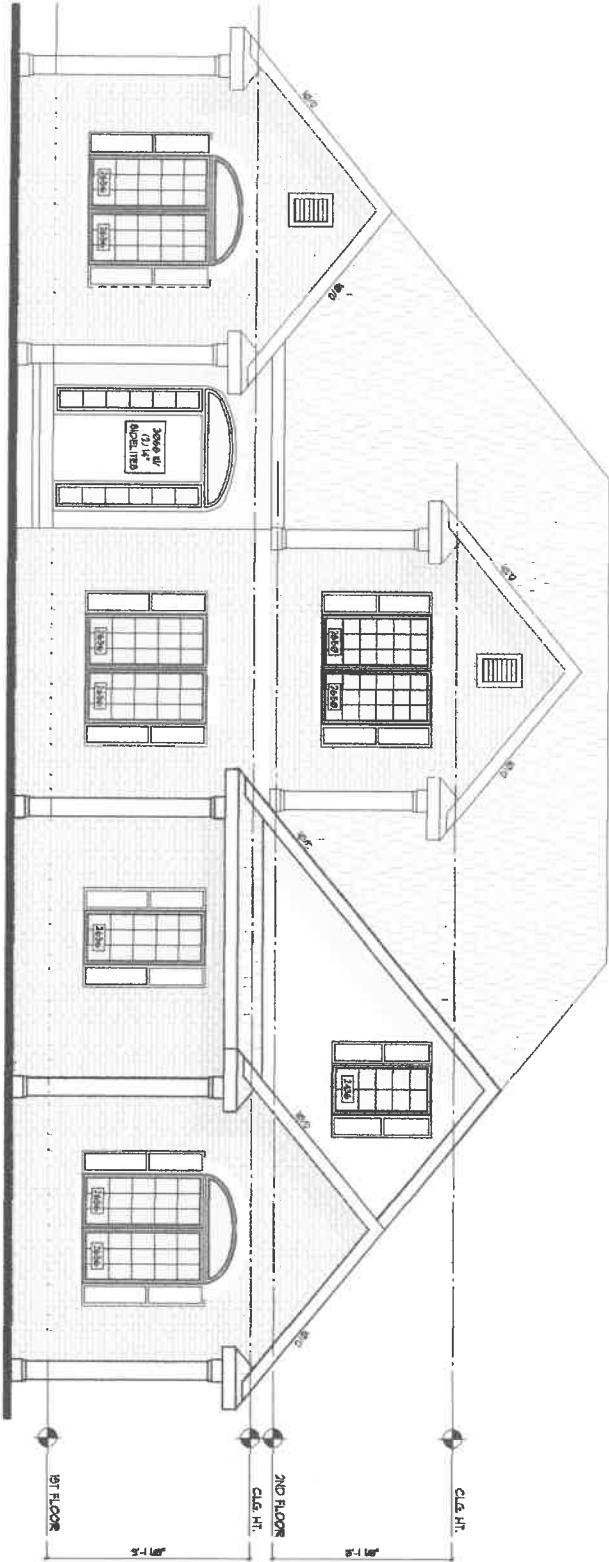


**krouse**  
*design*  
CUSTOM HOME BUILDER

Jeff Krouse  
Residential Designer  
416.240.0287  
jk@krouse-design.com  
www.krouse-design.com



**A** FRONT ELEVATION  
SCALE 3/4" = 1'-0"



**PRELIMINARY DESIGN  
NOT FOR CONSTRUCTION  
OR BIDDING**

NOTES:  
1. PERMITTED PERMITS ARE TO BE OBTAINED BY THE CLIENT.  
2. PROVIDE LIGHTING AND ELECTRICAL SCHEDULES IN ACCORDANCE WITH CODE.  
3. PROVIDE SPACE ALLOCATIONS IN EACH ROOM AND PROVIDE FINISHES IN EACH ROOM.  
4. PROVIDE FINISHES IN EACH ROOM.  
5. PROVIDE FINISHES IN EACH ROOM.  
6. PROVIDE FINISHES IN EACH ROOM.  
7. PROVIDE FINISHES IN EACH ROOM.  
8. PROVIDE FINISHES IN EACH ROOM.  
9. PROVIDE FINISHES IN EACH ROOM.  
10. PROVIDE FINISHES IN EACH ROOM.

Contractor TBD

**KROUSE**  
ARCHITECTS  
P.C.

1401 Towne  
Residential Designer  
419.248.0031  
info@krousearchitects.com  
www.krousearchitects.com

BUILDING ANALYSIS	
BASEMENT NOT FINISHED	TBD
FIRST FLOOR	1756 SF
2ND FLOOR	TBD

**Minnick Residence  
Napoleon, Ohio**

For:  
Nathan Minnick & Ginny Spencer

Krouse Design LLC

10.1

91.17

-040

-039

283.03

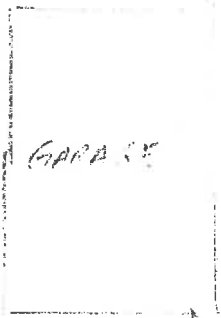
258.75

247.93

DRIVE

2'

29'



GARAGE

408

8'

87.8

402

↓ 30' TO CENTER RD.



U.S. DEPARTMENT OF HOMELAND SECURITY - FEDERAL EMERGENCY MANAGEMENT AGENCY  
**ELEVATION FORM**

O.M.B. NO. 1660-0015  
 Expires December 31, 2010

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 1.25 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, U.S. Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington DC 20472, Paperwork Reduction Project (1660-0015). Submission of the form is required to obtain or retain benefits under the National Flood Insurance Program. **Please do not send your completed survey to the above address.**

This form must be completed for requests and must be completed and signed by a registered professional engineer or licensed land surveyor. **A DHS - FEMA National Flood Insurance Program (NFIP) Elevation Certificate may be submitted in lieu of this form for single structure requests.**

For requests to remove a structure on natural grade OR on engineered fill from the Special Flood Hazard Area (SFHA), submit the lowest adjacent grade (the lowest ground touching the structure), including an attached deck or garage. For requests to remove an entire parcel of land from the SFHA, provide the lowest lot elevation; or, if the request involves an area described by metes and bounds, provide the lowest elevation within the metes and bounds description. In order to process your request, all information on this form must be completed in its entirety. Incomplete submissions may result in processing delays.

- NFIP Community Number: **390266000D** City of **Napoleon** Property Name or Address: **Pt. OL 1 & 2 in John G. Lowe's Add of OL's 408 W. Maumee Ave.**
- Are the elevations listed below based on  existing or  proposed conditions? (Check one) Par. # **41-009335.0** **60**  
**Nathaniel Minnick**
- What is the elevation datum?  NGVD 29  NAVD 88  Other (explain) If any of the elevations listed below were computed using a datum different than the datum used for the effective Flood Insurance Rate Map (FIRM) (e.g., NGVD 29 or NAVD 88), what was the conversion factor?  
**Local Elevation +/- ft. = FIRM Datum**
- Please provide the Latitude and Longitude of the most upstream edge of the structure (in decimal degrees):  
 Indicate Datum:  NAD83  NAD27 **41.383986** Lat. **84.126078** Long.  
 Please provide the Latitude and Longitude of the most upstream edge of the property (in decimal degrees):  
 Indicate Datum:  NAD83  NAD27 Lat. Long.
- For the existing or proposed structures listed below, what are the types of construction? (check all that apply)  
 crawl space  slab on grade  basement/enclosure  other (explain) **New construction proposed**
- Has DHS - FEMA identified this area as subject to land subsidence or uplift? (see instructions)  Yes  No  
 If yes, what is the date of the current releveling? / (month/year)

Lot Number	Block Number	Lowest Lot Elevation*	Lowest Adjacent Grade To Structure	Base Flood Elevation	BFE Source	For DHS - FEMA Use Only
<b>Pt. OL 1 &amp; 2</b>	<b>N/A</b>	<b>650'±</b>	<b>661.04</b>	<b>658.00</b>	<b>FEMA</b>	

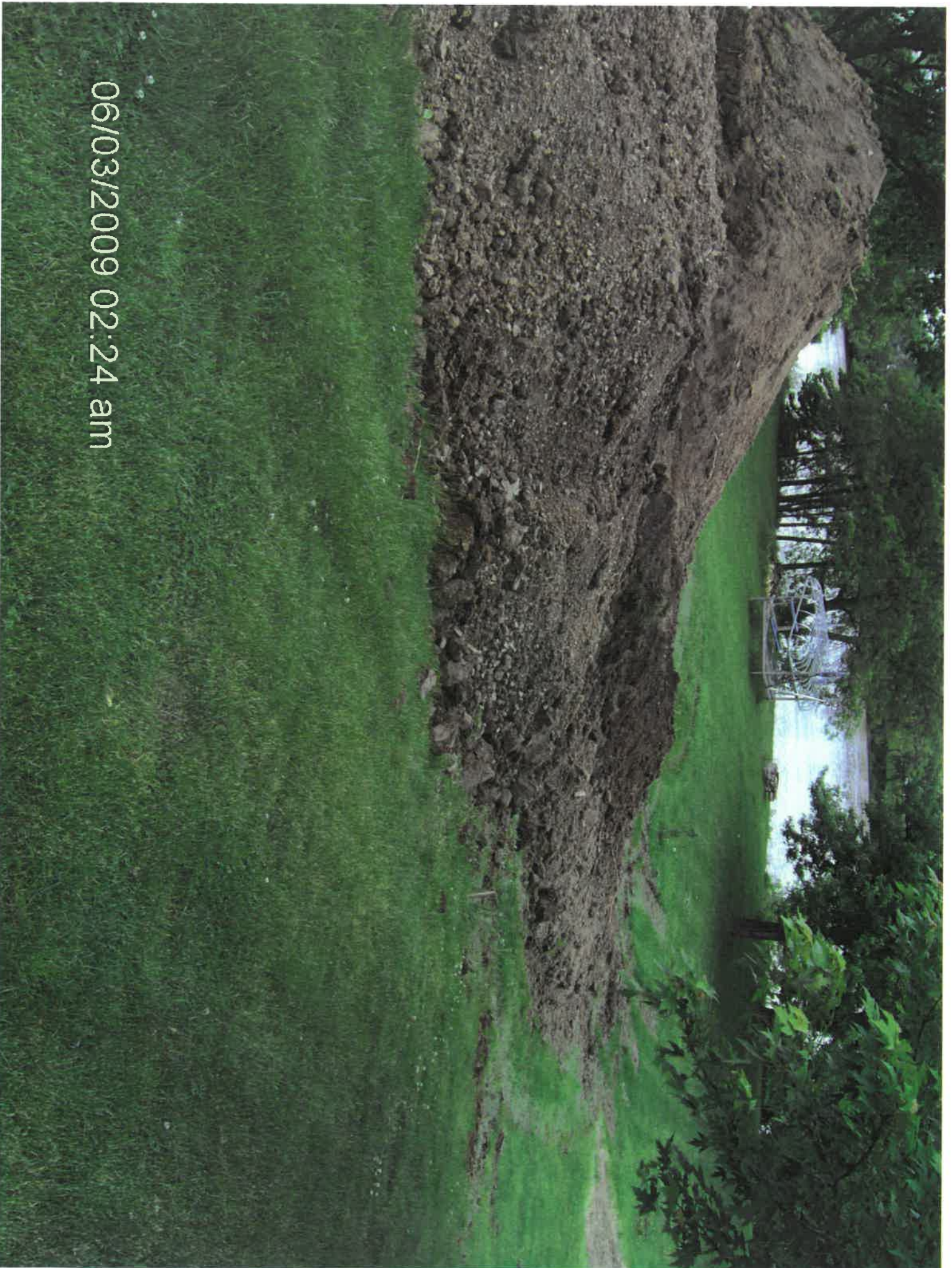
This certification is to be signed and sealed by a licensed land surveyor, registered professional engineer, or architect authorized by law to certify elevation information. All documents submitted in support of this request are correct to the best of my knowledge. I understand that any false statement may be punishable by fine or imprisonment under Title 18 of the United States Code, Section 1001.

Certifier's Name: **Paul J. Westhoven** License No.: **5602** Expiration Date: **2010**  
 Company Name: **Westhoven Land Surv.** Telephone No.: **419-592-0771** Fax No.: **419-592-0775**  
 Signature: *Paul J. Westhoven* Date: **3-11-09**



\*For requests involving a portion of property, include the lowest ground elevation within the metes and bounds description.  
 Please note: If the Lowest Adjacent Grade to Structure is the only elevation provided, a determination will be issued for the structure only





06/03/2009 02:24 am





06/03/2009 02:25 am



06/03/2009 02:25 am







06/03/2009 02:26 am





06/03/2009 02:27 am