

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

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

Permit No. 01506 Issued 2-5-88
date

Job Location 464 W. Maumee
address

Lot 4 - Ada Fellers Subdiv. of Outlot #2
sub-div or legal discript

Issued By Eldon Huber
building official

Owner James Ferguson
name tel.

Address 1053 N. Perry

Agent Bergstedt Builders 592-3451
builder-eng.-etc. tel.

Address 1050 Dodd Street

Description of Use Residence

Residential 1
no. dwelling units

Commercial DEMOLITION Industrial _____

New Add'n. Alter Remodel

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 3,250.00

FEES	BASE	PLUS	TOTAL
<input type="checkbox"/> BUILDING			
<input type="checkbox"/> ELECTRICAL			
<input type="checkbox"/> PLUMBING			
<input type="checkbox"/> MECHANICAL			
<input checked="" type="checkbox"/> DEMOLITION	10.00	5.00	15.00
<input type="checkbox"/> ZONING			
<input type="checkbox"/> SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs		
	Elect. _____ hrs		
TOTAL FEES.....			15.00
LESS MIN. FEES PAID _____			
			<small>date</small>
BALANCE DUE.....			

ZONING INFORMATION N.A.

district	lot dimensions	area	front yd	side yds	rear yd
A	66' x 288.3'				
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr

WORK INFORMATION:

Size: Length 50 Width 29 Stories 2 Ground Floor Area _____

Height _____ Building Volume (for demo. permit) 21,520 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: Demolish existing residence.

Date 2-9-88 Applicant Signature Donald Bergstedt
owner-agent

PAID
FEB 09 1988
CITY OF NAPOLEON



CERTIFICATE OF INSURANCE

SET TAB STOPS AT ARROWS
ISSUE DATE (MM/DD/YY)

2-8-88/ at

PRODUCER

BOKERMAN INSURANCE AGENCY, INC.
1223 N. Scott St., P.O. Box 563
Napoleon, Ohio 43545

(419) 599-5540

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** The All America Insurance Company

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED

Bergstedt Builders
1050 Dodd St.
Napoleon, Ohio 43545

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
						EACH OCCURRENCE	AGGREGATE
	GENERAL LIABILITY						
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM	7795995	9-5-87	9-5-88	BODILY INJURY	\$300,000	\$300,000
	<input type="checkbox"/> PREMISES/OPERATIONS <input type="checkbox"/> UNDERGROUND <input type="checkbox"/> EXPLOSION & COLLAPSE HAZARD <input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS				PROPERTY DAMAGE	\$	\$
	<input type="checkbox"/> CONTRACTUAL				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> INDEPENDENT CONTRACTORS				PERSONAL INJURY		\$
	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE						
	<input type="checkbox"/> PERSONAL INJURY						
	<input type="checkbox"/> AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (PER PERSON)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)				BODILY INJURY (PER ACCIDENT)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> HIRED AUTOS				BI & PD COMBINED	\$	
	<input type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> GARAGE LIABILITY						
	EXCESS LIABILITY						
	<input type="checkbox"/> UMBRELLA FORM				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY		
					\$	(EACH ACCIDENT)	
					\$	(DISEASE-POLICY LIMIT)	
					\$	(DISEASE-EACH EMPLOYEE)	
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

City of Napoleon
255 W. Riverview Ave.
Napoleon, Ohio 43545

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE





HENRY COUNTY DEPARTMENT OF HEALTH

COURTHOUSE
NAPOLEON, OHIO 43545
Phone: 599-5545

February 5, 1988

City of Napoleon
Eldon Huber, Building Inspector
255 Riverview
Napoleon, Ohio 43545

Dear Mr. Huber:

An inspection was made of the property at 464 West Maumee on this date.
No evidence of insect or rodent infestation was found.

A demolition permit may be issued at this time.

If I can be of further help, please contact me at the above number.

Sincerely,

A handwritten signature in cursive script that reads "James E. Holtzberry". The signature is written in dark ink and is positioned above the typed name.

James Holtzberry,
Registered Sanitarian
Henry County Health Department

JH:slg

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

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

01506

Permit No. [REDACTED] Issued 2-5-88
date

Job Location 464 W. MADDER
address

Lot 4 404 PELLET 50 1/2 DIV, OF 007607 # 2
sub-div or legal discript

Issued By F
building official

Owner JAMES FERGUSON
name tel.

Address 1053 N. PERRY

Agent REGISTERED BUILDERS 592-3851
builder-eng.-etc. tel.

Address 1050 DODD ST.

Description of Use RESIDENCE

Residential 1
no. dwelling units

Commercial _____ Industrial _____

DEMOLITION
New _____ Add'n. _____ Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 3250.00

FEES	BASE	PLUS	TOTAL
BUILDING			
ELECTRICAL			
PLUMBING			
MECHANICAL			
DEMOLITION	10.00	5.00	15.00
ZONING			
SIGN			
WATER TAP			
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TEMP. ELECT.			
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TOTAL FEES.....			15.00
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ZONING INFORMATION N.A.

district <u>A</u>	lot dimensions <u>66' x 288.3'</u>	area	front yd	side yds	rear yd
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Plumbing: N.A. brief description _____

Mechanical: N.A. brief description _____

Sign: N.A. Dimensions _____ Sign Area _____
type

Additional Information: DEMOLISH EXISTING RESIDENCE

Date _____ Applicant Signature _____
owner-agent

BOOKER MA BL INSOR AUCT
HOLTS BARRY
CITY, TERP
GAS CO

NOTIFIED
CITY OF NAPOLEON
BUILDING INSPECTION DEPARTMENT
APPLICATION FOR BUILDING PERMIT
(Please print or type)

RED PERMIT #
CORN Y SHOP MAXIMA

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 464 W. MADAME Cost of project 3250.⁰⁰
Owner's Name James Ferguson Address 1053 N Perry
Contractor Bergstedt Builders Telephone No. 592-3451
Address 1050 Doud St. Nap OH

Lot Information: (Not required for siding job)
Lot No. 4 Subdivision ADA FELLERS SUB DIVI OF 007LOT #2
Zoning District A Lot Size 66 ft. X 288¹/₂ ft. Area 16 sq. ft.
Setbacks: Front _____ Right Side _____ Left Side _____ Rear _____

Work Information:
Residential _____ Commercial _____ Industrial _____
New Construction _____ Addition _____ Remodel _____
Accessory Building _____ Siding _____ (Specific Type)

Brief Description of Work: -----

Size: Length 50 Width 29 No. of Stories 2
Area: 1st Floor 1450 sq. ft. Basement 450 sq. ft.
2nd Floor 1015 sq. ft. Accessory Bldg. 300 sq. ft.
3rd Floor — sq. ft. Other _____ sq. ft.

Additional Information: ACCP 1800 C.F. FIRST FL. 11,600 S.F.
2ND FL. 8120 S.F. 21,520

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 Feb. 5-19 88 Applicant's Signature Don Bergstedt

PERMIT NO. 01506

PERMIT FEE \$ 151.00

