

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

| | | | | | |
|--|------------------------|--|----------------|------|----------------|
| Permit No. <u>4062</u> | Issued <u>09/16/96</u> | FEES | BASE | PLUS | TOTAL |
| Job Location <u>720 W. Maumee</u> | | <input checked="" type="checkbox"/> Building | \$ <u>3.00</u> | \$ | \$ <u>3.00</u> |
| Lot _____ | | <input type="checkbox"/> Electrical | \$ | \$ | \$ |
| Issued by <u>Brent N. Damman</u> | | <input type="checkbox"/> Plumbing | \$ | \$ | \$ |
| Owner <u>Randy Nation 599-4413</u> | | <input type="checkbox"/> Mechanical | \$ | \$ | \$ |
| Address <u>720 W. Maumee</u> | | <input type="checkbox"/> Demolition | \$ | \$ | \$ |
| Agent <u>Self</u> | | <input type="checkbox"/> Zoning | \$ | \$ | \$ |
| Address _____ | | <input type="checkbox"/> Sign | \$ | \$ | \$ |
| Use Type - Residential _____ | | <input type="checkbox"/> Water Tap | \$ | \$ | \$ |
| Other - Describe _____ | | <input type="checkbox"/> Sew. Insp. | \$ | \$ | \$ |
| No. Dwelling Units _____ | | <input type="checkbox"/> Sewer Tap | \$ | \$ | \$ |
| New _____ Replacement _____ | | <input type="checkbox"/> Temp. Water | \$ | \$ | \$ |
| Add'n. _____ Alter _____ Remodel _____ | | <input type="checkbox"/> Temp. Elec. | \$ | \$ | \$ |
| Mixed Occupancy _____ | | TOTAL FEES..... | | | \$ <u>3.00</u> |
| Change of Occupancy _____ | | LESS FEES PAID..... | | | \$ <u>3.00</u> |
| Estimated Cost \$ _____ | | BALANCE DUE..... | | | \$ <u>-0-</u> |

ZONING INFORMATION

| | | | | | |
|----------|----------------|---------------|-----------|--------------------------|-----------|
| district | lot dimensions | area | front yd | side yd | rear yd |
| max hgt | no pkg spaces | no ldg spaces | max cover | petition or appeal req'd | date appr |

WORK INFORMATION

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____
 Height _____ Building Volume (for Demo. Permit) _____

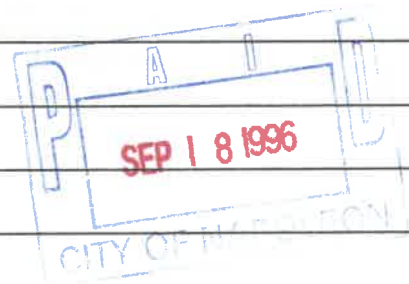
Electrical: _____

Plumbing: _____

Mechanical: _____

Additional Information: Lawn shed on skid 10' x 12'

Date 9-16-96 Applicant Signature Randy Nation



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. | | |
| | | | | Roof System | | | Special Insp Reports Rec'd | | | Certificate of Occupancy Issued | | |
| ADDITIONAL | INSPECTIONS, CORRECTIONS, ETC. | | | | | | INSPECTIONS, CORRECTIONS, ETC. | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

08/18/22

19/2/20

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. _____

PERMIT NO. 4062 ISSUED _____

JOB LOCATION 720 West Maumee

LOT _____
 (Subdivision or Legal Description)

ISSUED BY _____
 (Building Official)

OWNER Randy Nativ PHONE 599-4413

ADDRESS 720 West Maumee

AGENT Self PHONE _____

ADDRESS _____

USE: () Residential () Commercial () Industrial
 () Other _____

WORK: () New () Addition () Replacement () Remodel

ESTIMATED COST = \$ 250.00

ZONING INFORMATION

| District | Lot Dimensions | Area | Front Yard | Side Yard | Rear Yard |
|----------|----------------|------|------------|-----------|-----------|
| | | | 50' | 7' | 10' |

| Max Height | No. Pkg. Spaces | No. Ldg. Spaces | Max Cover | Petition or Appeal Required-Date |
|------------|-----------------|-----------------|-----------|----------------------------------|
| | | | | |

WORK INFORMATION

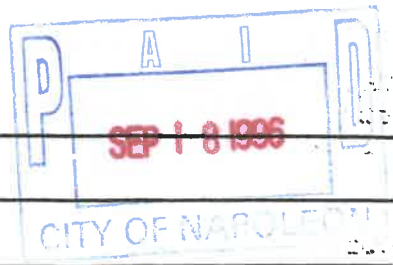
Building: Ground Floor Area _____ sq. ft. Basement Floor Area _____ sq. ft.
 Garage Floor Area _____ sq. ft. 2nd Floor Area _____ sq. ft. Other _____ sq. ft.
 Size: Length _____ Width _____ Stories _____ Height _____
 Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: lawr shed on skid 10' x 12'

| | Base | Plus | Total |
|--|----------|----------|----------|
| <input checked="" type="checkbox"/> Building | \$ 3.00 | \$ _____ | \$ 3.00 |
| <input type="checkbox"/> Electrical | \$ _____ | \$ _____ | \$ _____ |
| <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 Plan Review: Structure _____ Hours _____
 Electric _____ Hours _____

TOTAL FEES \$ 3.00
 Less Fees Paid \$ _____
 BALANCE DUE \$ _____



ELECTRICAL: Contractor _____ Phone _____
Address _____ ESTIMATED COST = \$ _____

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

Description of Work: _____

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 _____ Date _____