

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

Permit No. <u>3387</u> Issued <u>10/24/94</u> Job Location <u>735 W. Maumee</u> Lot _____ Issued by <u>Brent N. Damman</u> Owner <u>Ron Rausch</u> Address <u>735 W. Maumee Ave.</u> Agent <u>Damman P. & H. 758-3116</u> Address <u>N-033 CR 17D Napoleon, OH</u> Use Type - Residential <u>X</u> Other - Describe _____ No. Dwelling Units _____ New <u>Replacement</u> <u>X</u> Add'n. <u>Alter</u> <u>Remodel</u> Mixed Occupancy _____ Change of Occupancy _____ Estimated Cost \$ <u>1983.00</u>	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">FEES</th> <th style="text-align: left;">BASE</th> <th style="text-align: left;">PLUS</th> <th style="text-align: left;">TOTAL</th> </tr> <tr> <td><input type="checkbox"/> Building</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Electrical</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Plumbing</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Mechanical</td> <td>\$ <u>18.00</u></td> <td>\$ _____</td> <td>\$ <u>18.00</u></td> </tr> <tr> <td><input type="checkbox"/> Demolition</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Zoning</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Sign</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Water Tap</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Sew. Insp.</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Sewer Tap</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Temp. Water</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Temp. Elec.</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL FEES.....</td> <td>\$ <u>18.00</u></td> </tr> <tr> <td colspan="3" style="text-align: right;">LESS FEES PAID.....</td> <td>\$ _____</td> </tr> <tr> <td colspan="3" style="text-align: right;">BALANCE DUE.....</td> <td>\$ _____</td> </tr> </table>	FEES	BASE	PLUS	TOTAL	<input type="checkbox"/> Building	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Electrical	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Plumbing	\$ _____	\$ _____	\$ _____	<input checked="" type="checkbox"/> Mechanical	\$ <u>18.00</u>	\$ _____	\$ <u>18.00</u>	<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. Elec.	\$ _____	\$ _____	\$ _____	TOTAL FEES.....			\$ <u>18.00</u>	LESS FEES PAID.....			\$ _____	BALANCE DUE.....			\$ _____
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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: New Furnace

Additional Information: _____

Date 11-9-94 Applicant Signature Mary Clapp

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. <u>3387</u> ISSUED <u>10-24-94</u>	() Building	\$ _____	\$ _____	\$ _____
JOB LOCATION <u>735 W. Maumee</u>	() Electrical	\$ _____	\$ _____	\$ _____
LOT _____ (Subdivision or Legal Description)	() Plumbing	\$ _____	\$ _____	\$ _____
ISSUED BY <u>BND</u> (Building Official)	(X) Mechanical	\$ <u>18.00</u>	\$ _____	\$ <u>18.00</u>
OWNER <u>Ron Rausch</u> PHONE _____	() Demolition	\$ _____	\$ _____	\$ _____
ADDRESS <u>735 W. Maumee</u>	() Zoning	\$ _____	\$ _____	\$ _____
AGENT <u>Damman P+H</u> PHONE <u>758-3116</u>	() Sign	\$ _____	\$ _____	\$ _____
ADDRESS <u>N-033 Co. Rd. 17D Napoleon</u>	() Water Tap	\$ _____	\$ _____	\$ _____
USE: (X) Residential () Commercial () Industrial	() Sewer Tap	\$ _____	\$ _____	\$ _____
() Other _____	() Temp Water	\$ _____	\$ _____	\$ _____
WORK: () New () Addition (X) Replacement () Remodel	() Temp Elec.	\$ _____	\$ _____	\$ _____
ESTIMATED COST = \$ <u>1983.00</u>	Additional Plan Review:	Structure _____	Hours _____	
		Electric _____	Hours _____	

TOTAL FEES \$ 18.00
 Less Fees Paid \$ _____
 BALANCE DUE \$ 18.00

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: Length _____ Width _____ Stories _____ Height _____
 Building Volume (for Demolition Permit) _____ cubic feet
Description of Work: New furnace

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** _____