

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

Permit No. 3339 Issued 06/14/94  
 Job Location 308 Meekison  
 Lot \_\_\_\_\_  
 Issued by Brent N. Damman  
 Owner Matthew McHugh 592-1443  
 Address 308 Meekison St.  
 Agent Self  
 Address \_\_\_\_\_  
 Use Type - Residential X  
 Other - Describe \_\_\_\_\_  
 No. Dwelling Units \_\_\_\_\_  
 New \_\_\_\_\_ Replacement X  
 Add'n. \_\_\_\_\_ Alter \_\_\_\_\_ Remodel \_\_\_\_\_  
 Mixed Occupancy \_\_\_\_\_  
 Change of Occupancy \_\_\_\_\_  
 Estimated Cost \$ 250.00

FEES	BASE	PLUS	TOTAL
<input type="checkbox"/> Building	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Electrical	\$ <u>15.00</u>	\$ _____	\$ <u>15.00</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"/> Sew. Insp.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sewer Tap	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp. Water	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp. Elec.	\$ _____	\$ _____	\$ _____
TOTAL FEES.....			\$ <u>15.00</u>
LESS FEES PAID.....			\$ <u>15.00</u>
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: New 100 amp electrical service

Plumbing: \_\_\_\_\_

Mechanical: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Date 6-14-94 Applicant Signature Seed Hetrick

**PAID**  
**JUN 13 1994**  
 CITY OF NAPOLEON

# INSPECTION RECORD

UNDERGROUND				ROUGH-IN						FINAL		
Type	Date	By	Type	Date	By	Type	Date	By	Type	Date	By	
<b>PLUMBING</b>	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			
<b>MECHANICAL</b>	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			
<b>ELECTRICAL</b>	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		6/30 B.D.	
<b>BUILDING</b>	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			
<b>ADDITIONAL</b>	<b>INSPECTIONS, CORRECTIONS, ETC.</b>						<b>INSPECTIONS, CORRECTIONS, ETC.</b>					

PAID  
 JUN 30 1991  
 CITY OF NATION

**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. 3339 ISSUED 6-14-94

JOB LOCATION 308 Meekison

LOT \_\_\_\_\_  
 (Subdivision or Legal Description)

ISSUED BY BND  
 (Building Official)

OWNER Matthew McHugh PHONE 592-1442

ADDRESS 308 Meekison

AGENT Self PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

USE:  Residential  Commercial  Industrial  
 Other \_\_\_\_\_

WORK:  New  Addition  Replacement  Remodel

ESTIMATED COST = \$ 250.00

	<u>Base</u>	<u>Plus</u>	<u>Total</u>
( ) Building	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Electrical	\$ <u>15.00</u>	\$ _____	\$ <u>15.00</u>
( ) Plumbing	\$ _____	\$ _____	\$ _____
( ) Mechanical	\$ _____	\$ _____	\$ _____
( ) Demolition	\$ _____	\$ _____	\$ _____
( ) Zoning	\$ _____	\$ _____	\$ _____
( ) Sign	\$ _____	\$ _____	\$ _____
( ) Water Tap	\$ _____	\$ _____	\$ _____
( ) Sewer Tap	\$ _____	\$ _____	\$ _____
( ) Temp Water	\$ _____	\$ _____	\$ _____
( ) Temp Elec.	\$ _____	\$ _____	\$ _____

Additional Plan Review: Structure \_\_\_\_\_ Hours \_\_\_\_\_  
 Electric \_\_\_\_\_ Hours \_\_\_\_\_

TOTAL FEES . . . . . \$ 15.00  
 Less Fees Paid . . . . . \$ 15.00  
 BALANCE DUE . . . . . \$ -0-

ZONING INFORMATION

<u>District</u>	<u>Lot Dimensions</u>	<u>Area</u>	<u>Front Yard</u>	<u>Side Yard</u>	<u>Rear Yard</u>

  

<u>Max Height</u>	<u>No. Pkg. Spaces</u>	<u>No. Ldg. Spaces</u>	<u>Max Cover</u>	<u>Petition or Appeal Required-Date</u>

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: New 100 amp electrical service

**PAID**  
 JUN 13 1994  
 CITY OF NAPOLEON

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 \_\_\_\_\_

APPROVED  
MAY 14 1964