

PERMIT

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

Permit No. 01398 Issued 6-29-87 date

Job Location 925 Melody Lane address

Lot 7 Brickyard Subdivision sub-div or legal discript

Issued By Eldon Huber building official

Owner Marie Panning name tel.

Address _____

Agent Becks Construction 592-8307 builder-eng.-etc. tel.

Address 11622 Rd. M

Description of Use Residence

Residential 1 no. dwelling units

Commercial _____ Industrial _____

New Add'n. _____ Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 48,000.00

	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	6.00	101.00	107.00
<input checked="" type="checkbox"/> Underground	225.00		225.00
<input checked="" type="checkbox"/> ELECTRICAL	10.00	32.00	42.00
<input checked="" type="checkbox"/> PLUMBING	6.00	20.00	26.00
<input checked="" type="checkbox"/> MECHANICAL	12.00		12.00
<input type="checkbox"/> DEMOLITION			
<input checked="" type="checkbox"/> ZONING	5.00		5.00
<input type="checkbox"/> SIGN			
<input checked="" type="checkbox"/> WATER TAP	300.00		300.00
<input checked="" type="checkbox"/> SEWER TAP	60.00		60.00
<input checked="" type="checkbox"/> TEMP. ELECT.	10.00		10.00
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			787.00
LESS MIN. FEES PAID _____ date			
BALANCE DUE.....			

ZONING INFORMATION

district A	lot dimensions 72' x 100'	area 7200 S.F.	front yd 30'	side yds L-10' R-10'	rear yd 23.6'
max hgt 35'	no pkg spaces 2-min.	no ldg spaces	max cover 35%	petition or appeal req'd	date appr

WORK INFORMATION:

Size: Length 30' Width 46' 4" Stories 1 Garage Ground Floor Area 1,492

Height _____ Building Volume (for demo. permit) _____ cu. ft.

Electrical: 200 amp underground service & 16 circuits brief description

Plumbing: 2 baths - kitchen & laundry brief description

Mechanical: 75,000 ~~70,000~~ B.T.U. Nat. gas furnace. brief description

Sign: _____ Dimensions _____ Sign Area _____ type

Additional Information: New residence (see plan correction sheet)

Date 7/30/87 Applicant Signature Robert F. Beck owner-agent

CITY OF NAPOLEON
 JUL 30 1987

PAID
 Gold-County Auditor

RESIDENTIAL PLAN CORRECTION SHEET

CITY OF NAPOLEON
 155 West Riverview Ave.
 Napoleon, Ohio 43545
 619/592-4010.

ADDENDUM TO Permit No. 01398-11
 Owner MARIE PRANNING
 Contractor BECK'S CONSTRUCTION
 Location 925 MELODY LAKE

Please note the items checked below and incorporate them into your plans as indicated: PERMIT NOT ISSUED, CORRECT PLANS AND RE-SUBMIT. PERMIT ISSUED, INCORPORATE ITEMS DURING CONSTRUCTION.

GENERAL			
<input checked="" type="checkbox"/>	Provide approved smoke detector(s) as req'd.		Show size of members supporting porch roof.
<input checked="" type="checkbox"/>	Provide 1/2" gypsum wallboard between dwelling and garage, on garage side.		Provide double top plate for all bearing partitions and exterior walls.
<input checked="" type="checkbox"/>	Provide min. 1 3/8" solid wood door from garage to dwelling. (or equal)		Provide design data for prefab wood truss.
	Submit fully dimensioned plot plan.		Ceiling joists undersized in _____.
	Provide min. of 1-3'0" x 6'8" exit door.		Roof rafters undersized in _____.
	Provide min. 22" x 30" attic access opening.		
	Provide min. 18" x 24" crawl space access opening.		PLUMBING AND MECHANICAL
<input checked="" type="checkbox"/>	Provide approved sheathing or flashing behind masonry veneer.	<input checked="" type="checkbox"/>	Terminate all exhaust systems to outside air.
	Provide min. 15# underlayment on roof.	<input checked="" type="checkbox"/>	Insulate ducts in unheated areas.
	Provide adequate fireplace hearth.	<input checked="" type="checkbox"/>	Provide backflow prevention device on all hose bibs.
	Install factory built fireplaces/stoves according to manufacturers instructions.	<input checked="" type="checkbox"/>	Terminate pressure and temperature relief valve drain in an approved manner.
	Terminate chimney 2' above roof or 2' above highest point of building within 10' of chimney.		Provide dishwasher drain with approved air gap device.
			METAL VENEERS
			Contact City Utilities Dept. to remove conductors and/or meter.
			Provide approved system of grounding and bonding.
			ELECTRICAL
			Show location of service entrance panel and service equipment panel.
<input checked="" type="checkbox"/>	Provide min. <u>903</u> Sq. In. net free area attic ventilation.	<input checked="" type="checkbox"/>	G. F. C. I. req'd. on temporary electric.
<input checked="" type="checkbox"/>	Provide min. <u>134</u> Sq. In. net free area crawl space ventilation. <u>3-VENT WITH 1/2" 3-10" OF EACH CORNER</u>	<input checked="" type="checkbox"/>	Outdoor, bathroom and garage receptacles & <u>KITCHEN</u> shall be protected by G. F. C. I.
		<input checked="" type="checkbox"/>	Maximum number of receptacles permitted on a G. F. C. I. circuit shall be 10 for 20 A. circuits and 7 for 15A. circuits.
		<input checked="" type="checkbox"/>	Refrigerators, microwaves, washers, disposal, furnace and air conditioners shall be on separate circuits.
			INSPECTIONS
			The following indicated inspections are required. The owner or his agent shall contact the City Building Dept. at least 24 hrs prior to the time the inspection is to be made.
		<input checked="" type="checkbox"/>	Footers and Setbacks.
		<input checked="" type="checkbox"/>	Building sewer.
		<input checked="" type="checkbox"/>	Foundation.
		<input checked="" type="checkbox"/>	HVAC rough-in.
		<input checked="" type="checkbox"/>	Plumbing rough-in.
		<input checked="" type="checkbox"/>	Final Building
		<input checked="" type="checkbox"/>	Plumbing final.
		<input checked="" type="checkbox"/>	other,
<input checked="" type="checkbox"/>	Provide 1" x 4" let in corner bracing, approved sheathing, or equal.	<input checked="" type="checkbox"/>	Electrical service.
			<u>BUILDING FRAMING</u>
<input checked="" type="checkbox"/>	Show size of headers for openings over 4' wide _____.	<input checked="" type="checkbox"/>	Electrical rough-in.
		<input checked="" type="checkbox"/>	Electrical final

Additional Corrections. PROVIDE 2 X 8 CEILING JOISTS OVER BEDROOM #1.
PROVIDE EITHER 2 X 8 RAFTERS @ 16" O.C. OR COLAR TIES @ 16" O.C. TO CUT THE SPAN DOWN TO 11'-8" ON THE 15'-0" RAFTERS
SMIT 2-COPYS OF THE O.H. DOOR DESIGN. CONNECT BEAMS TO PIERS WITH

The approval of plans and specifications does not permit the violation of any section of the Building Code or other City Ordinance. This addendum is attached to Permit No. 01398 and made a part thereof. DATE APPROVED OR DISAPPROVED 6-26-87 Checked by EH

DATE RECHECKED AND APPROVED _____ Checked by _____
 Plan Examiner.



PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

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

01398

Permit No. [REDACTED] Issued 6-25-97
date

Job Location 925 MELODY LAUR
address

Lot 7 BRICKYARD SUB DIV.
sub-div or legal discript

Issued By F
building official

Owner MARIE PAUNING
name tel.

Address _____

Agent BECK'S CONSTRUCTION 592-8707
builder-eng.-etc. tel.

Address 11622 RD 1A

Description of Use RESIDENCE

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New Add'n. _____ Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 48,000.00

	FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/>	BUILDING	6.00	101.00	107.00
<input checked="" type="checkbox"/>	UNDERGROUND ELECTRICAL	225.00	1.00	225.00
<input checked="" type="checkbox"/>	ELECTRICAL	10.00	32.00	42.00
<input checked="" type="checkbox"/>	PLUMBING	6.00	20.00	26.00
<input checked="" type="checkbox"/>	MECHANICAL	17.00	1.00	12.00
<input type="checkbox"/>	DEMOLITION			
<input checked="" type="checkbox"/>	ZONING	5.00	1.00	5.00
<input type="checkbox"/>	SIGN			
<input checked="" type="checkbox"/>	WATER TAP	300.00	1.00	300.00
<input checked="" type="checkbox"/>	SEWER TAP	60.00	1.00	60.00
<input checked="" type="checkbox"/>	TEMP. ELECT.	10.00	1.00	10.00
	ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
	TOTAL FEES.....			<u>787.00</u>
	LESS MIN. FEES PAID _____			
	BALANCE DUE.....			

ZONING INFORMATION

district	lot dimensions	area	front yd	side yds	rear yd
<u>A</u>	<u>72' x 100'</u>	<u>7200 S.F.</u>	<u>30'</u>	<u>L-10' R-10'</u>	<u>23.6'</u>
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr
<u>35'</u>	<u>2-MIN</u>		<u>35%</u>		

WORK INFORMATION:

Size: Length 22' Width 46'-9" Stories 1 Ground Floor Area 642
30' 492

Height _____ Building Volume (for demo. permit) _____ cu. ft.

Electrical: 200 AMP UNDERGROUND SERVICE + 16 CIRCUITS
brief description

Plumbing: 2 BATHS KITCHEN + LAUNDRY
brief description

Mechanical: 70,000 B.T.U. FURNACE NAT. GAS FURNACE
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

Additional Information: NEW RESIDENCE (SEE PLAN CORRECTION SHEET)

Applicant Signature _____

owner-agent

DOD BECK 7:00 MONDAY

HOW IS THE PORCH ROOF TO
BE FRAMED SAME AS HOUSE

PLUMBING RISER

H.V.A.C. LAYOUT

HEATING

FURNACE 70,000 B.T.U.

HEAT LOSS 120,000 B.T.U.

CITY OF NAPOLEON
BUILDING INSPECTION DEPARTMENT
APPLICATION FOR HEATING PERMIT
(PLEASE PRINT OR TYPE)

The undersigned hereby makes application for the installation, replacement or alteration of a heating system or device as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Mechanical Code for 1, 2 and 3 Family Buildings.

Owner's Name _____ Address _____

Contractor's Name _____ Address _____ Tel. _____

BUILDING INFORMATION:

Single Family _____ Double Family _____ Multiple _____ New Construction _____

Addition _____ Remodel _____ Replacement _____ No. of Stories _____

DESCRIPTION OF WORK

Heating System - Warm Air Hot Water _____ Steam _____ Electric _____

Unit Heaters _____ Unit Gas Heaters _____ Other _____

Type - Gravity _____ Forced Radiant _____

No. of Thermostatical Heating Zone _____

Hot Water - One Pipe _____ Two Pipe _____ Series Loop _____

Electric Heat - No. of Circuits _____ Other _____

Total Heat Loss of Area to be Heated ~~100,000~~ 60,000 Btu.

Rated Capacity of Furnace/Boiler ~~70,000~~ 75,000 Btu.

No. of Furnaces 1 No. of Hot Air Runs 9

No. of Hot Water Radiators _____ Type of Fuel gas

Heating Units Located: Crawl Space _____ Floor Level Suspended _____

Roof or Exposed to Outside Air Attic _____ Other _____

APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: LOCATION OF FURNACE OR UNIT HEATERS AND SIZE AND LOCATION OF FEEDER DUCTS AND RETURN AIR DUCTS. ALL PLANS SHALL BE DRAWN TO SCALE.

ESTIMATED COST OF COMPLETED PROJECT: _____

DATE 6/25/87 APPLICANT'S SIGNATURE Robert D. Be...

OWNER-CONTRACTOR-AGENT

APPLICATION FOR PERMIT TO TAP SEWER

Owner _____
ADDRESS _____
CONTRACTOR _____
ADDRESS _____ TEL. _____

NO. _____
BLDG. PERMIT _____
PERMIT FEE \$ _____
STREET BOND _____
DATE PAID _____

For office use only

LOCATION OF CONNECTION

Street and No. Melody Lane Sanitary 4" Storm 4"
Lot No. 7 Subdivision Brick yard Size of Tap _____
Size and Type of Sewer 4 Sc 35 ALL WORK MUST BE INSPECTED
Street to be opened-Yes _____ No No Opening bond fee set by Engineer \$ _____
Street opening agreement approval date _____

I certify that the sewer will be used only as indicated and no other drainage will be connected.

Date 6/25/87 Signature Robert L. Best
Owner-Builder-Agent

DO NOT WRITE BELOW THIS LINE

INSPECTION RECORD

Date Inspected _____ Size and Type of Sewer _____
Location _____ Depth _____ Type of Test _____
Inspected and Approved by: _____
Inspector _____ Date _____

Additional information _____

Send copy to: _____

SKETCH OF INSTALLATION -ON BACK

TAPPING PERMIT

Office of
Water Works
Napoleon, Ohio

No. _____

Date 6/25/87

Received of _____
_____ Dollars _____

Charge for tapping permit to supply water services to Lot No. 7

Addition _____

Street No. _____

Tap Size 1 Inch Cost _____

Plumber Beck Const Co.

Clerk-Treasurer

Date completed _____

Water Distribution Department

Name _____ Size of Tap _____ Date _____

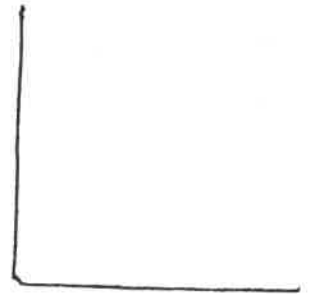
Street _____

Old No. _____

New No. _____



St.



St.

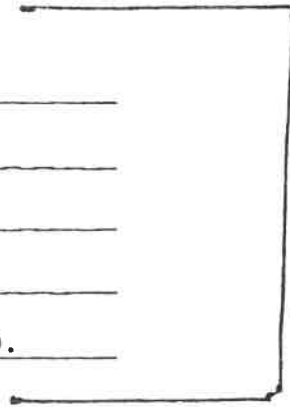
Size and Kind of Main _____

Location of Main _____

Depth of Main _____

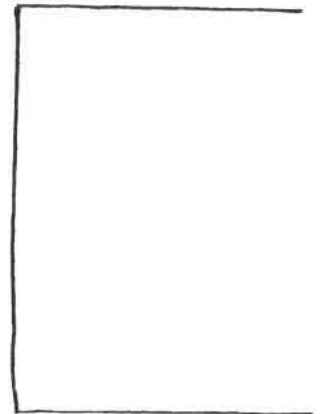
Distance from Hydrant/Valve _____

Distance to Curb Stop from Corp. _____

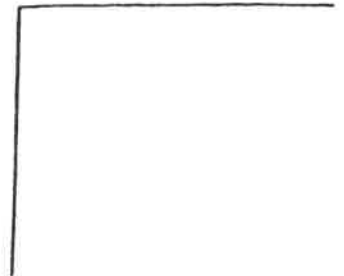
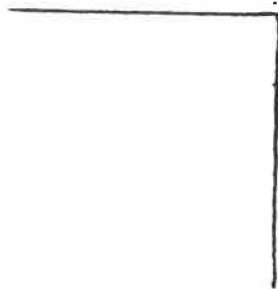


St.

St.



St.



42
30
60

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

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 Brick yard Cost of project \$48,000
Owner's Name Marie Panning Address _____
Contractor Beck's Const. Co Telephone No. 592-8307
Address 11622 Rd M Nap Ohio

Lot Information: (Not required for siding job)

Lot No. 7 Subdivision Brick yard
Zoning District _____ Lot Size 95 ft. X _____ ft. Area _____ sq. ft.
Setbacks: Front _____ Right Side 5' per Plan Left Side _____ Rear _____

Work Information:

Residential Commercial _____ Industrial _____
New Construction yes Addition _____ Remodel _____
Accessory Building _____ Siding Vinyl
(Specific Type)

Brief Description of Work: New Ranch

Size: Length 42 Width 52 No. of Stories 1
Area: 1st Floor 1260 sq. ft. Basement No sq. ft.
2nd Floor No sq. ft. Accessory Bldg. No sq. ft.
3rd Floor No sq. ft. Other None sq. ft.

Additional Information: New Ranch

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 6/25/87 Applicant's Signature Robert L Beck

PERMIT NO. _____
PERMIT FEE \$ _____

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

The undersigned hereby makes application for installation or replacement of electrical equipment as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Electrical Codes.

Owner's Name _____ Address _____

Electrical Contractor _____ Telephone No. _____

Address _____

General Contractor _____ Telephone No. _____

Address _____

Location of Project _____ Cost of Project _____

Work Information:

Residential Commercial _____ Industrial _____

No. Units _____

New Service Change _____ Rewiring _____ Additional Wiring _____

Brief Description of Work: New Ranch

Size of proposed service entrance 200 Number of new circuits 16

Type of proposed service entrance Underground _____ Overhead _____

Require Temporary Electric yes (Yes or No)

Total Floor Area - Commercial and Industrial only _____ sq. ft.

Additional Information: _____

PERMIT NO.

PERMIT FEE \$

*Ground fault circuit interrupter protection is required on all 120-volt single phase, 15 and 20 amp. Circuits which are part of a temporary electric service; and also on bathroom, outdoor, and garage receptacles in all dwelling units. Art. 220-8 N.E.C.

Application for permit shall be accompanied by two complete sets of plans including: Electrical layout and riser diagram. (For commercial and industrial work only).

ate 6/25/87

Applicant's Signature Robert L Beck

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

The undersigned hereby makes application for the installation or replacement of plumbing work as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Plumbing Codes. (1, 2 and 3 family dwelling units only).

Owner's Name _____ Address _____

Plumbing Contractor _____ Telephone No. _____
 Address _____

General Contractor _____ Telephone No. _____
 Address _____

Location of Project _____ Cost of Project _____

Work Information:

No. of dwelling units _____ New Replacement _____ Addition _____

Brief description of work: New Ranch

Is water tap required yes Size 1 Type of Pipe Plastic

Is sewer tap required yes Size 4 Type of Pipe Plastic

Type of Water Distribution pipe Plastic

Type of Drainage, Waste and Vent Pipe Plastic San 40

Size of main building drain 4 Size of main vent pipe 4

Water closets 2 Bathtubs 1 2 1/2 Shower 1 2 1/2
 No. Trap Size No. Trap Size

Bathrooms 2 1 1/4 Kitchen Sink 1 1 1/2 Disposal 1 1 1/2
 No. Trap Size No. Trap Size No. Trap Size

Dishwasher 1 1 1/2 Clothes Washer 1 2 1/2 Other _____
 No. Trap Size No. Trap Size No. Trap Size

PERMIT NO. _____
 PERMIT FEE \$ _____

All installations are subject to plumbing tests and/or inspections.

Date 6/25/87 Applicant's Signature Robert L. Best

SETBACKS OK

EMER. EXIT WINDOWS OK

OK FLOOR JOISTS 2x10' @ 16" O.C. S.P.F. SPAN
15'-11"

$$1000 \times 1.08 = \underline{1080} \quad 143 \times 1.05 = \underline{1.37}$$

HEADERS OK

CEILING JOISTS OK EXCEPT FOR
BED ROOM N^o 1 (2x8' @ 16" O.C.)

$$\begin{aligned} \text{SNOW LOAD} &= 1150 + 9\% = 1242 \\ &113 + 5\% = 1.37 \end{aligned}$$

$$\begin{array}{r} 40 \\ 10 \\ 30 \\ \hline 80 \times 15 = 1200 \# = w \end{array}$$

$$\frac{5.5 \times 5.5 \times 1200 \times 12}{8} = 54,450 \div 1188 = 45,83$$

$$\frac{7.25 \times 7.25 \times 6}{6} = 52.56 = 5,$$

TAPPING PERMIT

Office of
Water Works
Napoleon, Ohio

No. W-495-87

Date 6-25-87

Received of BECKIS CONSTRUCTION

THREE HUNDRED

Dollars, 00

Charge for tapping permit to supply water services to Lot No. 7

Addition BRICKYARD SUB DIVI

Street No. 925 MELODY LANE

Tap Size 1 Inch

Cost 300.⁰⁰

Plumber MEYERS PL. + HT'G.

Clerk-Treasurer

Date completed _____

Water Distribution Department

$$5^{-6} \times 14.33 \times 90 = 7093.35 = W$$

$$1289.7 = W$$

$$M = \frac{WL}{8} = \frac{1289.7 \times 5.8 \times 5.5 \times 12}{8} = 58,521$$

$$S = \frac{M}{f} = \frac{6 \times 7.25^2}{6} \quad \text{52.56}$$

$$S = \frac{M}{f} = \frac{58,521}{1080} \quad 54.19$$

$$S = \frac{M}{f} = \frac{58,521}{1296} \quad 45.16$$

$$1F \quad 2 - 2 \times 8 = \#1 + 2 - 2 \times 8 = \#2 \quad \text{MIN} \quad F=14.5 = 47.68$$

BEAM IS OK 1F 2 2x8=#1
2 - 2x8=#2

CITY OF NAPOLEON ZONING PERMIT

Zoning Permit No. 87-014

Issued 7-16-87

By Richard A. Hayward
Zoning Inspector

Issued To: Marie Pannoy
Filing Fee \$500 Amount Date Paid

Street Address 935 Melody Lane

Lot No. 7 Subdivision Backyard Subdivision
(or Legal Description)

Lot Dimensions 72' x 100' Yard Set Back: Front 30' Rear 15'

Lot Area 7200 Sq. Ft. Side 7' Side 7'

Zoning District R1A Description of Use Residential

Lot Coverage 35% Off Street Parking Spaces Required 2

Height 35' Loading Spaces Required N/A

Petition or Appeal Required N/A

Approved By: Zoning Inspector RJA Board of Zoning Appeals

Date X Applicant Signature X Owner-Agent

5000
N/A

721

3250

N/A

7500

75,1100

832 Weighing cans

Waste generated

Extraction Equipment

X

N/A

Extraction

71

301

721

71

4200

Extraction Equipment

5-10 85

85-014

FILED COPY

No. ...4.5.2.....

CERTIFICATE OF OCCUPANCY
THE CITY OF NAPOLEON

ENGINEERING DEPARTMENT
DIVISION OF INSPECTION

This is to certify that the Building or Land as herein described complies with all the building and health laws and ordinances and with the provisions of the Zoning Ordinance.

Location of Occupancy 925 Melody Lane Occupancy 1 - Family Residence

Owner of Property Marie Panning Address 925 Melody Lane

Issued to Beck's Construction Address 11622 Rd. M

Zoning A - Residential Bldg. Permit No. 01398

Substantial qualifications of occupancy

This certificate is issued by the City Building Inspector, as provided by law, and is to certify that construction is completed substantially in conformity with the approved plans and permission is hereby granted to occupy such building in compliance with such legal use and occupancy as authorized under the provisions of the ordinances of the City of Napoleon.

Issued this 11 day of November 19 87

This is a valuable record for owner or lessee and should be so preserved.
Signed Eldon Huber City Building Inspector

TAPPING PERMIT

Office of
Water Works
Napoleon, Ohio

No. W-495-87

Date 6-25-87

Received of BECKIS CONSTRUCTION

THREE HUNDRED Dollars, 00

Charge for tapping permit to supply water services to Lot No. 7

Addition BRICKYARD SUB DIVI

Street No. 925 MELODY LANE

Tap Size 1 Inch Cost 300.00

Plumber MEYERS PL. & HT'G

Clerk-Treasurer

Date completed 8-17-87 # 8721

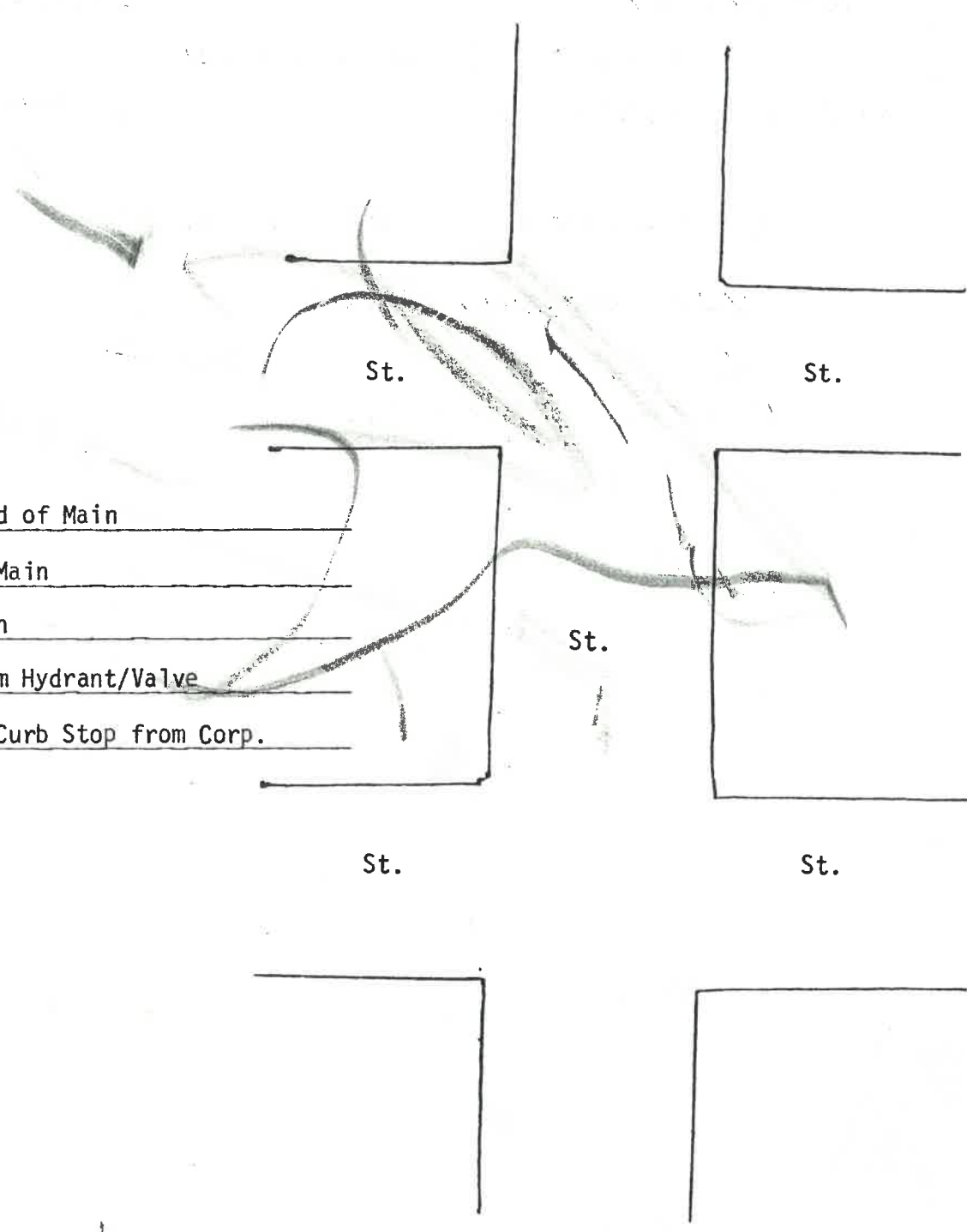
Water Distribution Department

Name _____ Size of Tap _____ Date _____

Street _____

Old No. _____

New No. _____



Size and Kind of Main _____

Location of Main _____

Depth of Main _____

Distance from Hydrant/Valve _____

Distance to Curb Stop from Corp. _____