

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

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

Permit No. 01145 Issued 3-31-86 date

Job Location 830 1/2 Monroe Street address

part lot 168 & Lot 169 Phillips & Staffords 4th sub-div or legal discript

Issued By Ron Sommerberg building official

Owner Lewis Joseph name 599-7757 tel.

Address Road 15 Napoleon, Ohio

Agent Beck Construction Co. 592-8307 builder-eng.-etc. tel.

Address Co. Rd. M Napoleon, Ohio

Description of Use Residential

Residential one in this bldg. no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel XX

Mixed Occupancy no

Change of Occupancy no

Estimated Cost \$ 11,500.00

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	\$27.00	-0-	\$27.00
<input checked="" type="checkbox"/> ELECTRICAL	5.00	1.00	6.00
<input type="checkbox"/> PLUMBING			
<input checked="" type="checkbox"/> MECHANICAL	3.00	-0-	3.00
<input type="checkbox"/> DEMOLITION			
<input checked="" type="checkbox"/> ZONING			-0-
<input type="checkbox"/> SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			\$36.00
LESS MIN. FEES PAID _____ date			-0-
BALANCE DUE.....			\$36.00

ZONING INFORMATION

district GB	lot dimensions 75.5' x 165'	area	front yd	side yds same as before fire	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 2 Ground Floor Area _____

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

Electrical: REplace 60 amp. service with new 100 amp service.
brief description

Plumbing: _____
brief description

Mechanical: Install new furnace.
brief description

Sign: _____ Dimensions _____ Sign Area APR 3 1986

Additional Information: SEE ATTACHED ADDENDUM:

Date April 8, 84 Applicant Signature Robert J Beck
owner-agent

PAID

CITY OF NAPOLEON

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	4/86	RSJ
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	4/86	RSJ
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 Smoke Detectors		
	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)	4-86	RSJ	Exterior Wall Construction	4-86	RSJ	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	4-86	RSJ	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.	6/86	RSJ
			Roof System			Special Insp Reports Rec'd			Certificate of Occupancy Issued			
ADDITIONAL	INSPECTIONS, CORRECTIONS, ETC.						INSPECTIONS, CORRECTIONS, ETC.					

CITY OF NAPOLEON
 255 West Riverview Ave.
 Napoleon, Ohio 43545
 419/592-4010

ADDENDUM TO Permit No. 1145
 Owner JOSEPH
 Contractor BECK
 Location 830 1/2 MONROE

Please note the items checked below and incorporate them into your plans as indicated: PERMIT NOT YET 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.	
	Provide 1/2" gypsum wallboard between dwelling and garage, on garage side.		Provide double top plate for all bearing partitions and exterior walls.	
	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 _____.	
<input checked="" type="checkbox"/>	Provide min. 22" x 30" attic access opening.		PLUMBING AND MECHANICAL	
<input checked="" type="checkbox"/>	Provide min. 18" x 24" crawl space access opening.	<input checked="" type="checkbox"/>	Terminate all exhaust systems to outside air.	
	Provide approved sheathing or flashing behind masonry veneer.	<input checked="" type="checkbox"/>	Insulate ducts in unheated areas.	
<input checked="" type="checkbox"/>	Provide min. 15# underlayment on roof.	<input checked="" type="checkbox"/>	Provide backflow prevention device on all hose bibs.	
	Provide adequate fireplace hearth.	<input checked="" type="checkbox"/>	Terminate pressure and temperature relief valve drain in an approved manner.	
	Install factory built fireplaces/stoves according to manufacturers instructions.		Provide dishwasher drain with approved air gap device.	
	Terminate chimney 2' above roof or 2' above highest point of building within 10' of chimney.		METAL VENEERS	
	LIGHT AND VENTILATION			Contact City Utilities Dept. to remove conductors and/or meter.
	Provide mechanical exhaust or window in bathroom			Provide approved system of grounding and bonding.
	Provide min. _____ Sq. In. net free area attic ventilation.		ELECTRICAL	
	Provide min. _____ Sq. In. net free area crawl space ventilation.			Show location of service entrance panel and service equipment panel.
	FOUNDATION			G. F. C. I. req'd. on temporary electric.
<input checked="" type="checkbox"/>	Min. depth of foundation below finished grade is 32".	<input checked="" type="checkbox"/>	Outdoor, bathroom and garage receptacles shall be protected by G. F. C. I.	
	Min. size of footer _____" x _____".	<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"/>	Provide anchor bolts, 1/2" @ 6' o.c. 1' from each corner. Embedded 7" in concrete and 15" in masonry.	<input checked="" type="checkbox"/>	Refrigerators, microwaves, washers, disposal, furnace and air conditioners shall be on separate circuits.	
	Show size of basement columns.		INSPECTIONS	
	FRAMING			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.
	Show size of wood girder in _____.	<input checked="" type="checkbox"/>	Footers and Setbacks.	Building sewer.
	Provide design data for structural member in _____.	<input checked="" type="checkbox"/>	Foundation.	<input checked="" type="checkbox"/> HVAC rough-in.
	Floor joists undersized in _____.		Plumbing rough-in.	<input checked="" type="checkbox"/> Final Building
	Provide double joists under parallel bearing partitions.		Plumbing final.	other,
	Provide 1" x 4" let in corner bracing, approved sheathing, or equal.	<input checked="" type="checkbox"/>	Electrical service.	
	Show size of headers for openings over 4' wide _____.	<input checked="" type="checkbox"/>	Electrical rough-in.	
		<input checked="" type="checkbox"/>	Electrical final	

Additional Corrections: *Requirements for plans waived due to fire damage circumstances. All work must be in accordance with code.*

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. 1145 and made a part thereof. DATE APPROVED OR DISAPPROVED 3-27-86 Checked by Ron Schumberg Plan Examiner.
 DATE RECHECKED AND APPROVED _____ Checked by _____

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 830 1/2 Monroe Cost of project \$11500
Owner's Name Lewis Joseph Address Co Rd 15 599-7757
Contractor Beck's Const Co Telephone No. 592 8307
Address 11622 Rd M Nap O.

Lot Information: (Not required for siding job)
Pt. Lot No. 168 (59.5) #
Lot No. 169 Subdivision Phillips & Staffords 4th
Zoning District "GB" Lot Size 75.5' ft. X 165' ft. Area _____ sq. ft.
Setbacks: Front SAME AS BEFORE FIRE Right Side _____ Left Side _____ Rear _____

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

Brief Description of Work:----- Repair existing
home back to original condition
Size: Length _____ Width _____ No. of Stories _____
Area: 1st Floor _____ sq. ft. Basement _____ sq. ft.
2nd Floor _____ sq. ft. Accessory Bldg. _____ sq. ft.
3rd Floor _____ sq. ft. Other _____ sq. ft.

Additional Information: _____

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 March 26 Applicant's Signature Robert S Beck

PERMIT NO. 1145
PERMIT FEE \$ 27.00

100 Nov 7-28-76

Replacement
\$ 3.00

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

The undersigned hereby makes application for the installation, repla or alteration of a heating system or device as herein specified, agr 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 _____

Rated Capacity of Furnace/Boiler _____

No. of Furnaces _____ No. of Hot Air Runs _____

No. of Hot Water Radiators _____ Type of Fuel _____

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 P INCLUDING: LOCATION OF FURNACE OR UNIT HEATERS AND SIZE AND LOCATION FEEDER DUCTS AND RETURN AIR DUCTS. ALL PLANS SHALL BE DRAWN TO SCALE

ESTIMATED COST OF COMPLETED PROJECT: _____

DATE March 26 APPLICANT'S SIGNATURE Robert L Beck

OWNER-CONTRACTOR-AGEN

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 100 Amp Ser.

To Replace Ex. 60 Amp

Size of proposed service entrance _____ Number of new circuits ?

Type of proposed service entrance _____ Underground _____ Overhead _____

Require Temporary Electric _____ (Yes or No)

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

Additional Information: _____

PERMIT NO. 1145

PERMIT FEE \$ 6.00

*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).

Date 77 March 26 Applicant's Signature Robert S. Baker

PERMIT

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

Permit No. 01145 Issued 3-31-86 date
 Job Location 830 1/2 Monroe Street address
 Lot 159 Phillips & Staffords 4th sub-div or legal discript
 Issued By [Signature] building official
 Owner Lewis Joseph name 599-7757 tel.
 Address Road 15 Napoleon, Ohio
 Agent Beck Constructoon Co. 592-8307 builder-eng.-etc. tel.
 Address Co. Rd. M Napoleon, Ohio
 Description of Use Residential
 Residential one in this bldg. no. dwelling units
 Commercial _____ Industrial _____
 New _____ Add'n. no Alter _____ Remodel XX
 Mixed Occupancy no
 Change of Occupancy no
 Estimated Cost \$ 11,500.00

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<input checked="" type="checkbox"/> MECHANICAL	3.00	-0-	3.00
<input type="checkbox"/> DEMOLITION			
<input checked="" type="checkbox"/> ZONING			-0-
<input type="checkbox"/> SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs		
	Elect. _____ hrs		
TOTAL FEES.....			\$36.00
LESS MIN. FEES PAID _____ date			-0-
BALANCE DUE.....			\$36.00

ZONING INFORMATION

district	lot dimensions	area	front yd	side yds	rear yd
GB	75.5' x 165'			same as before fire	
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr

WORK INFORMATION:

Size: Length _____ Width _____ Stories 9 Ground Floor Area _____
 Height _____ Building Volume (for demo. permit) _____ cu. ft.
 Electrical: REplace 60 amp. service with new 2100 amp service. brief description
 Plumbing: _____ brief description
 Mechanical: Install new furnace. brief description
 Sign: _____ Dimensions _____ Sign Area _____

Additional Information: SEE ATTACHED ADDENDUM:

PAID

APR 8 1986

CITY OF NAPOLEON

Date April 8 84 Applicant Signature [Signature] owner-agent

PAID
31110

DATE	DESCRIPTION	AMOUNT	INITIALS
1954-01-01
1954-02-01
1954-03-01
1954-04-01
1954-05-01
1954-06-01
1954-07-01
1954-08-01
1954-09-01
1954-10-01
1954-11-01
1954-12-01
1955-01-01
1955-02-01
1955-03-01
1955-04-01
1955-05-01
1955-06-01
1955-07-01
1955-08-01
1955-09-01
1955-10-01
1955-11-01
1955-12-01

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