

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. 3164 ISSUED 4-4-94
 JOB LOCATION 850 Monroe
 LOT _____
 (Subdivision or Legal Description)
 ISSUED BY BID
 (Building Official)
 OWNER Connie Price PHONE 599-0241
 ADDRESS 850 Monroe
 AGENT Northwestern Ohio C.A.C. PHONE 784 5393
 ADDRESS 1933 East Second Street Def. Off.
 USE: Residential () Commercial () Industrial
 () Other _____
 WORK: () New () Addition () Replacement Remodel
 ESTIMATED COST = \$ 400.

	Base	Plus	Total
<input checked="" type="checkbox"/> Building	\$ <u>7.00</u>	\$ _____	\$ <u>7.00</u>
() Electrical	\$ _____	\$ _____	\$ _____
() Plumbing	\$ _____	\$ _____	\$ _____
() Mechanical	\$ _____	\$ _____	\$ _____
() Demolition	\$ _____	\$ _____	\$ _____
() Zoning	\$ _____	\$ _____	\$ _____
() Sign	\$ _____	\$ _____	\$ _____
() Water Tap	\$ _____	\$ _____	\$ _____
() Sewer Tap	\$ _____	\$ _____	\$ _____
() Temp Water	\$ _____	\$ _____	\$ _____
() Temp Elec.	\$ _____	\$ _____	\$ _____

Additional Structure _____ Hours _____
 Plan Review: Electric _____ Hours _____

TOTAL FEES \$ 7.00
 Less Fees Paid \$ 7.00
 BALANCE DUE \$ -0-

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 1288 sq. ft. Basement Floor Area _____ sq. ft.
 Garage Floor Area _____ sq. ft. 2nd Floor Area 0 sq. ft. Other _____ sq. ft.
 Size: Width _____ Length _____ Stories 1 Height 8'
 Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: insulation of Ducts, Floor, Attic. Weather-strip doors and
Repair broken glass in existing windows.

PAID

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 N.O.C.A.C. Don Diamond Date 3-16-94

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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. 3335 ISSUED 6-7-94 (X) Building \$ 9.00 \$ 9.00 \$ 18.00

JOB LOCATION 504 Monroe () Electrical \$ _____ \$ _____ \$ _____

LOT _____ () Plumbing \$ _____ \$ _____ \$ _____

(Subdivision or Legal Description)

ISSUED BY BND () Mechanical \$ _____ \$ _____ \$ _____
 (Building Official) () Demolition \$ _____ \$ _____ \$ _____

X OWNER Lil Wizer PHONE 599-3777 () Zoning \$ _____ \$ _____ \$ _____

ADDRESS 504 Monroe () Sign \$ _____ \$ _____ \$ _____

AGENT Self PHONE _____ () Water Tap \$ _____ \$ _____ \$ _____

ADDRESS _____ () Sewer Tap \$ _____ \$ _____ \$ _____

USE: (X) Residential () Commercial () Industrial () Temp Water \$ _____ \$ _____ \$ _____
 () Other _____ () Temp Elec. \$ _____ \$ _____ \$ _____

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

* ESTIMATED COST = \$ 1000.00

Additional Structure _____ Hours _____
 Plan Review: 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: Width _____ Length _____ Stories _____ Height _____

Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: Privacy fence

PAID
 JUN 08 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 = \$ _____

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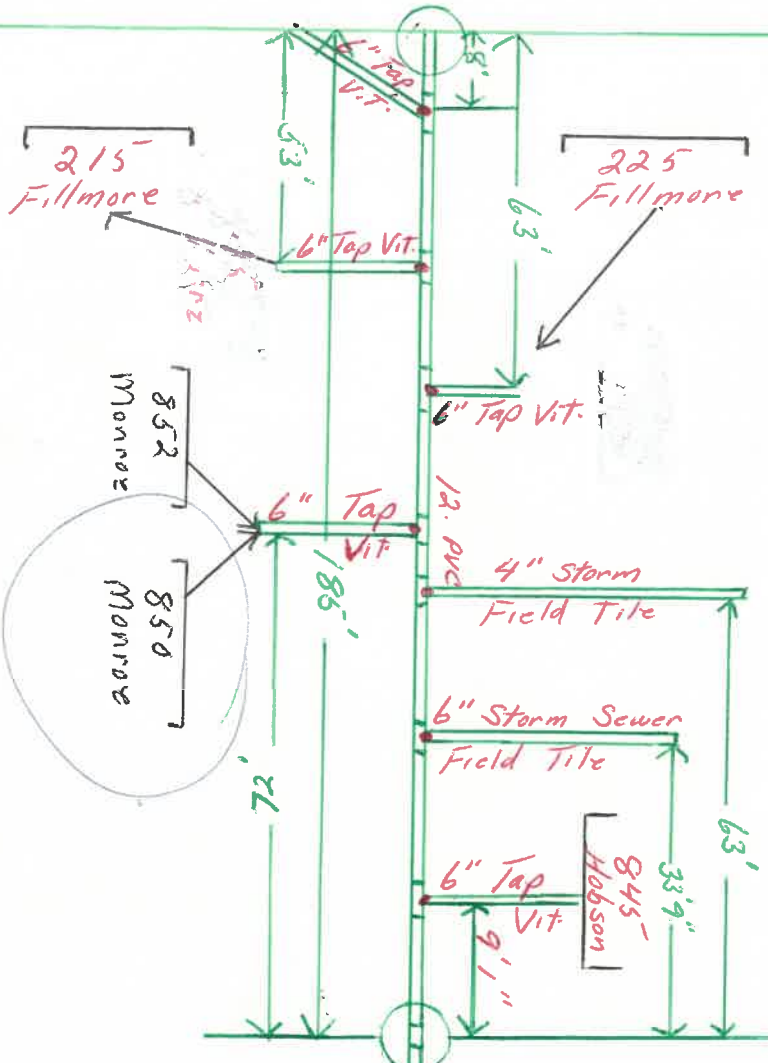
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Signature of Applicant _____ Date _____

Fillmore St



Hobson St.

Sanitary Sewer

Shelby St

Monroe St

