

PERMIT

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

Permit No. 3844 Issued 04/10/96

Job Location 582 Moorings Dr.

Lot _____

Issued by Brent N. Damman

Owner Brent Gerken 592-5898

Address 582 Moorings Dr.

Agent Wines Lawn & Land 337-8392

Address 340 E. Airport Hwy Toledo, OH
43567

Use Type - Residential X

Other - Describe _____

No. Dwelling Units _____

New X Replacement _____

Add'n. Alter Remodel _____

Change of Occupancy _____

Estimated Cost \$ 7200.00

TOTAL FEES.....\$ 9.00

LESS FEES PAID.....\$ 9.00

BALANCE DUE.....\$ -0-

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

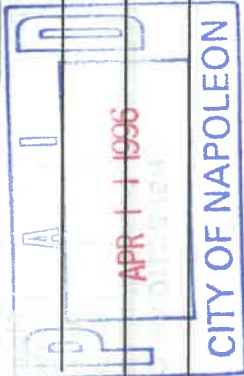
Size: Length _____ Width _____ Stories _____ Ground Floor Area _____

Height _____ Building Volume (for Demo. Permit) _____

Electrical: _____

Plumbing: Lwn Lawn sprinkling system

Mechanical: _____



Additional Information: _____

Date 4-10-96 Applicant Signature [Signature]

INSPECTION RECORD

UNDERGROUND			ROUGH-IN				FINAL	
Type	Date	By	Type	Date	By	Type	Date	By
PLUMBING	Building Drains		Drainage, Waste & Vent Piping			Drainage, Waste & Vent Piping		
	Water Piping		Water Piping			Backflow Prevention		
	Building Sewer		Water Piping			Water Heater		
	Sewer Connection					FINAL APPROVAL		
MECHANICAL	Refrigerant Piping		Refrigerant Piping			Chimney(s)		
			Duct Furnace(s)			Fire Dampers		
	Ducts/Plenums		Ducts/Plenums			<input type="checkbox"/> Radiant Htr(s) <input type="checkbox"/> Unit Htr(s)		
			Duct Insulation			Pool Heater		
			Combustion Products Vents			Ventilation <input type="checkbox"/> Supply <input type="checkbox"/> Exhst.		
ELECTRICAL	Conduits & Cable		Conduits/Cable			<input type="checkbox"/> Range <input type="checkbox"/> Dryer		
	Grounding & Bonding		Rough Wiring			<input type="checkbox"/> Generator(s) <input type="checkbox"/> Motors		
	Floor Ducts Raceways		Service Panel Switchboard			<input type="checkbox"/> Water Htr <input type="checkbox"/> Welder		
	Service Conduit		Busways Ducts			<input type="checkbox"/> Heaters <input type="checkbox"/> Heat Cable		
	Temporary Power Pole		Subpanels			<input type="checkbox"/> Duct Htr(s) <input type="checkbox"/> Furnace(s)		
BUILDING	Location, Set-backs, Esmt(s)		Exterior Wall Construction			Roof Covering Roof Drainage		
	Excavation					Exterior Lath		
	Footings & Reinforcing					<input type="checkbox"/> Interior Lath <input type="checkbox"/> Wallboard		
	Floor Slab		Interior Wall Construction			Fire Wall(s)		
	Foundation Walls		Columns & Supports			Fireplace Chimney		
ADDITIONAL	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)			Special Insp Reports Rec'd		
			Roof System					

INSPECTIONS, CORRECTIONS, ETC.

APPROVED

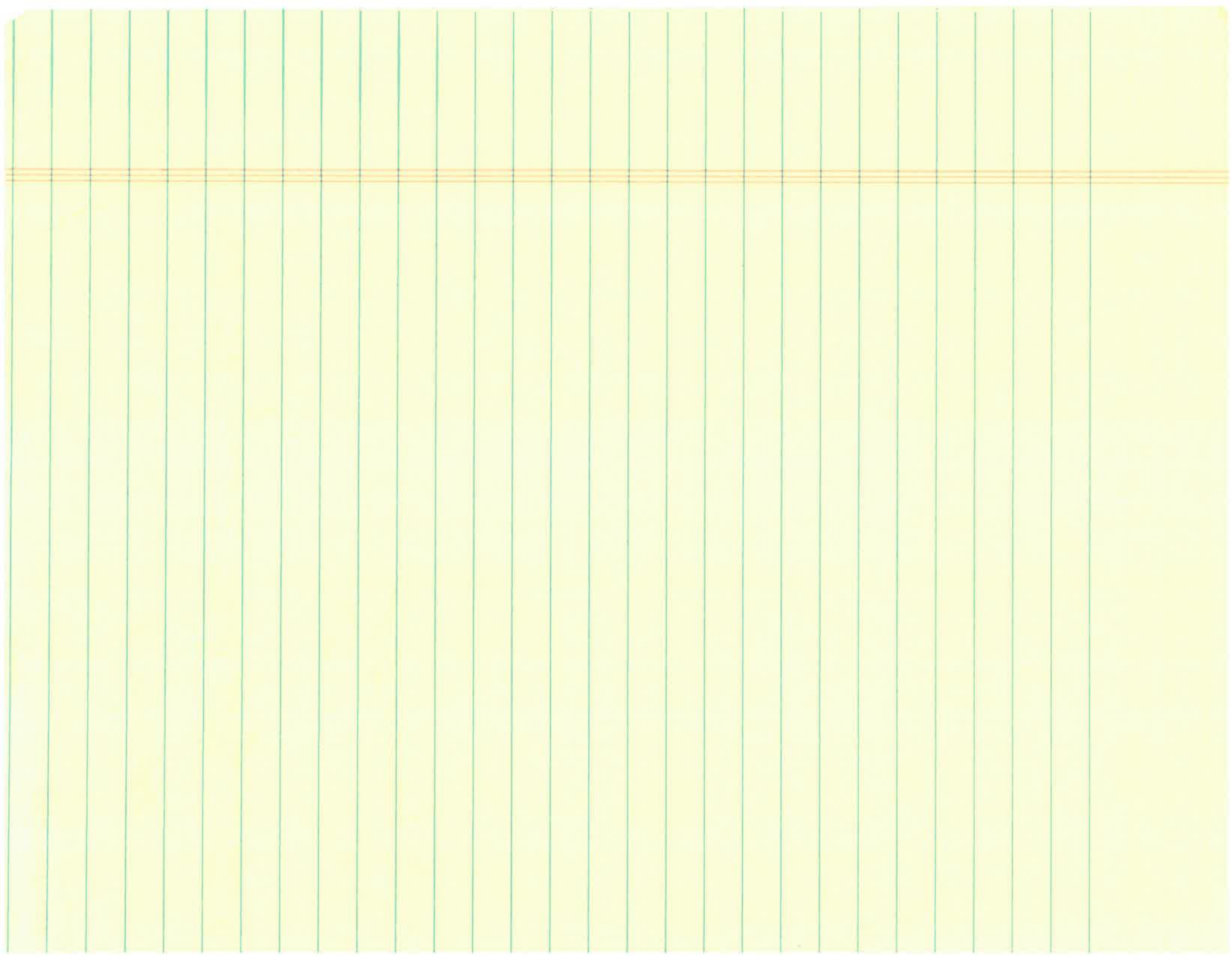
INSPECTIONS, CORRECTIONS, ETC.

INSPECTIONS, CORRECTIONS, ETC.

5-25-95

Did the garden shed forta inspect.

Sorny



APPLICATION FOR 95

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. _____ ISSUED 3509 5-1-95 Base Plus Total
PERMIT NO. 3509 ISSUED 5-1-95 \$ 545.80 \$ 545.80 \$ 545.80
JOB LOCATION City of Napoleon - 600 Moorings, Jr. (X) Building () Electrical \$ \$ \$
LOT # 6 The Moorings () Plumbing \$ \$ \$
ISSUED BY BTD (Subdivision or Legal Description) () Mechanical \$ \$ \$
(Building Official) () Demolition \$ \$ \$
OWNER Brent & Suzette Gerken PHONE 748-8604 () Zoning \$ \$ \$
ADDRESS M-969 SR 65, McClure, OH 43534 () Sign \$ \$ \$
AGENT Mel Lanzaer Co. PHONE 592-2801 (X) Water Tap \$ 650.00 \$ 650.00
ADDRESS 2266 North Scott St., PO Box 348 (X) Sewer Tap \$ 1128.00 \$ 1000.00 \$ 2128.00
Napoleon, OH 43545 () Temp Water \$ \$ \$
USE: (X) Residential () Commercial () Industrial () Temp Elec. \$ \$ \$
() Other _____
WORK: (X) New () Addition () Replacement () Remodel
ESTIMATED COST = \$ 486,000.00

TOTAL FEES \$ 3323.80
Less Fees Paid \$ _____
BALANCE DUE \$ _____

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 2601 sq. ft. Basement Floor Area 1664 sq. ft.
Garage Floor Area 612 sq. ft. 2nd Floor Area 1272 sq. ft. Other Unattached garage 386 sq. ft.
Size: Width 54'10" Length 102'4" Stories 2 Height 28'6"
Building Volume (for Demolition Permit) _____ cubic feet
Description of Work: New single family dwelling

PAID
MAY - 1 1995
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 = _____ Disposals = _____

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 David C Fallett 15

APPLICATION FOR

Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit

FORM - 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. 3844 ISSUED 4-10-96 Base Plus Total

JOB LOCATION 582 Moorings Dr. () Building \$ _____ \$ _____

LOT _____ () Electrical \$ _____ \$ _____

ISSUED BY BNP (X) Plumbing \$ 9.00 \$ 9.00

() Mechanical \$ _____ \$ _____

() Demolition \$ _____ \$ _____

OWNER Deat Center PHONE 592-5898 () Zoning \$ _____ \$ _____

ADDRESS 582 Moorings Dr. () Sign \$ _____ \$ _____

AGENT Miss Luan Hand PHONE 337-892 () Water Tap \$ _____ \$ _____

ADDRESS 340 East Airport Hwy () Sewer Tap \$ _____ \$ _____

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

() Other _____ () Temp Elec. \$ _____ \$ _____

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

ESTIMATED COST = \$ 7200.00

Additional Structure _____ Hours _____

Plan Review: Electric _____ Hours _____

TOTAL FEES \$ 9.00

Less Fees Paid \$ 9.00

BALANCE DUE \$ 0.00

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

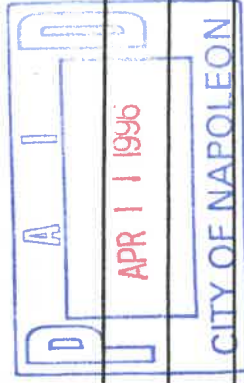
Building: Ground Floor Area _____ sq. ft. Basement Floor Area _____ sq. ft.

1st 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: Lawn Sprinkling System



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.

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Signature of Applicant _____ Date _____

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. 3889 ISSUED 5-6-96 Base Plus Total

JOB LOCATION 582 Moorings Dr. (X) Building \$ 7.00 \$ 60.00 \$ 67.00

LOT _____ (X) Electrical \$ _____ \$ 2.00 \$ 2.00

ISSUED BY BAD () Plumbing \$ _____ \$ _____ \$ _____

() Mechanical \$ _____ \$ _____ \$ _____

() Demolition \$ _____ \$ _____ \$ _____

OWNER Great Garden PHONE 572-2300 () Zoning \$ _____ \$ _____ \$ _____

ADDRESS 582 Moorings Dr. Np. () Sign \$ _____ \$ _____ \$ _____

AGENT Debra Water & Co PHONE 702-2618 () Water Tap \$ _____ \$ _____ \$ _____

ADDRESS 1495 Rolston Ave. Def () Sewer Tap \$ _____ \$ _____ \$ _____

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

() Other _____ () Temp Elec. \$ _____ \$ _____ \$ _____

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

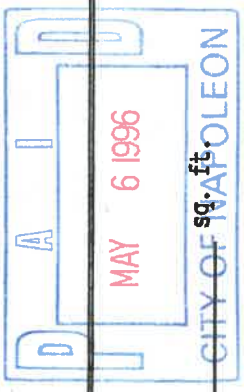
ESTIMATED COST = \$ 16,500.00

TOTAL FEES \$ 18.00
Less Fees Paid \$ 78.00
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 _____ 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: Inground pool: 16' x 24' x 40' L-shape pool

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 = _____

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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 _____

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Signature of Applicant _____ Date _____