

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

Permit No. 2584 Issued 3/24/92
 Job Location Northcrest Nursing Home
240 Northcrest Dr.
 Lot _____
 Issued by Brent N. Damman
 Owner Northcrest Nursing Home 599-
4070
 Address 240 Northcrest Dr., Napoleon
Ohio
 Agent Heartland Industries
 Address Toledo, Ohio
 Use Type - Residential _____
 Other - Describe Nursing Home
 No. Dwelling Units _____
 New _____ Replacement _____
 Add'n. _____ Alter _____ Remodel _____
 Mixed Occupancy _____
 Change of Occupancy _____
 Estimated Cost \$ 1850.00

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> Building	\$ _____	\$ _____	\$ <u>3.00</u>
<input type="checkbox"/> Electrical	\$ _____	\$ _____	\$ _____
<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>3.00</u>
LESS FEES PAID... 3/24/92...			\$ <u>3.00</u>
BALANCE DUE.....			\$ <u>0.00</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 20' Width 10' Stories _____ Ground Floor Area 200
 Height _____ Building Volume (for Demo. Permit) _____
 Electrical: _____
 Plumbing: _____
 Mechanical: _____

PAID
 MAR 24 1992
 CITY OF NAPOLEON

Additional Information: 10' x 20' storage shed

Date 3-24-92 Applicant Signature Randall C. Deblin

APPLICATION
for
RESIDENTIAL, BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, PERMITS AND DEMOLITION
from the
CITY OF NAPOLEON - BUILDING DEPARTMENT
255 West Riverview Avenue, Napoleon, Ohio 43545 - Phone 419-592-4010

Entry No. _____		<u>BASE</u>	<u>PLUS</u>	<u>TOTAL</u>
Permit No. <u>2584</u> Issued <u>3-24-92</u>	:	<input checked="" type="checkbox"/> Building	\$ _____	\$ _____
<input checked="" type="checkbox"/> Job Location <u>Northcrest Nursing Home</u>	:	Electrical	\$ _____	\$ _____
Lot _____	:	Plumbing	\$ _____	\$ _____
sub-div or legal description _____	:			
Issued by _____	:	Mechanical	\$ _____	\$ _____
Building Official _____	:			
Owner <u>Northcrest Nursing Home</u> Phone <u>599-4070</u>	:	Demolition	\$ _____	\$ _____
* Address <u>Northcrest Dr. Napoleon, Ohio</u>	:	Zoning	\$ _____	\$ _____
* Agent <u>Heartland Industries</u> Phone _____	:	Sign	\$ _____	\$ _____
Address <u>Toledo, Ohio</u>	:	Water Tap	\$ _____	\$ _____
Description of Use <u>Nursing home</u>	:	Sewer Tap	\$ _____	\$ _____
Residential _____	:	Temp Water	\$ _____	\$ _____
(number dwelling units) _____	:	Temp Elec.	\$ _____	\$ _____
Commercial _____ Industrial _____ New _____	:			
New _____ Addition _____ Replacement _____ Remodel _____	:	Additional Structure	_____	Hours _____
Mixed Occupancy _____ Change of Occupancy _____	:	Plan	_____	_____
* Estimated Cost: \$ <u>1,850.00</u>	:	Review	Electric _____	Hours _____
	:	TOTAL FEES	-----	\$ <u>3.00</u>
	:	Less Fees Paid (date) _____		\$ _____
	:	BALANCE DUE	-----	\$ _____

ZONING INFORMATION:

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard
Max. Hgt.	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required/Date	

WORK INFORMATION:

Building - Garage Floor Area _____ Basement Floor Area _____ 2nd Floor Area _____

Size - Length 20' Width 10' Stories _____ Ground Floor Area 200

Height _____ Building Volume (For Demolition Permit) _____ cubic feet

Description of Work: 10'x20' storage shed

ELECTRICAL: Electrical Contractor _____ Phone _____

Address _____ Estimated Cost: \$ _____

Type of Work: New _____ Service Change _____ Rewiring _____ Add'l. Wiring _____ Temp. Electric Required: Yes _____ No _____

Size of Service _____ Underground _____ Overhead _____ Number of New Circuits _____

Description of Work: _____

PLUMBING: 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 _____

St. Sewer Tap Req.: Yes _____ No _____ Size _____ 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 _____ Dishwasher _____

Clothes Washer _____ Floor Drains _____ Other (Fixtures/Type): _____

Description of Work: _____

MECHANICAL: 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 Pipe _____ Two Pipe _____ Series Loop _____)

Electric Heat: (No. of Circuits _____) No. of Furnaces _____ No. of Hot Air Runs _____

No. 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 set 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 also, 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.

Dated: 3-24-92 Signature of Applicant Randall C. Dublin