

**THE CITY OF NAPOLEON**  
**BUILDING & ZONING DEPARTMENT**

255 W. RIVERVIEW

(419)592-4010

**Building Permit**

Page 1 of 1

Permit Number: BP2005-164

Printed: 10/3/2005

**Property Address: 313 Norton Ave.**

**Applicant** Scott Hoover  
**Address:** 313 Norton Ave

**Approval Date:** 10/3/2005

Napoleon, OH 43545

**Phone:** 419-598-1404

**Owners**

**Name:** Mr. Scott Hoover  
**Address:** 313 Norton Ave

**Phone:** 419-598-1404

**Contractors**

**Fees and Receipts:**

Number	Description	Amount
FEE2005-759	Building Permit Fee (Auto)	\$14.00
<b>Total Fees:</b>		<b>\$14.00</b>

**Description**

**Structure Use:**

**Start Date:**

**Construction Value:** \$3,000.00

**End Date:**

**Floor Areas**

**Living Space:**

**Other:**

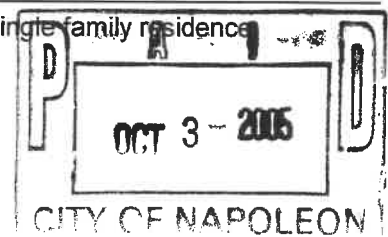
**Basement/Storage:**

**Total Area:**

**Garage:**

**Description of work to be done:**

Converting dental office back to a single family residence



**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Inspections**

**Address:** 313 Norton Ave.  
Napoleon, OH 43545

**Applicant:** Scott Hoover

Page 1 of 1

Printed: 10/17/2007

**Permit Number:** BP2005-164

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**Inspection Date:** 10/15/2007  
**Inspection Number:** INSP2007-282  
**Inspection Type:** Building Final

**Inspector:** Tom  
**Status:** Complete  
**Passed?**

**Required Steps:**

**Comments:** this was a doctor's office, now back to a single family CO issued

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**Other Fields:**

**THE CITY OF NAPOLEON**  
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255 W. RIVERVIEW

(419)592-4010

**Plumbing Permit**

Page 1 of 1

Permit Number: PL2005-58

Printed: 10/3/2005

**Property Address: 313 Norton Ave.**

**Applicant** Scott Hoover  
**Address:** 313 Norton Ave

**Approval Date:** 10/3/2005

Napoleon, OH 43545

**Phone:** 419-598-1404

**Owners**

**Name:** Mr. Scott Hoover  
**Address:** 313 Norton Ave

**Phone:** 419-598-1404

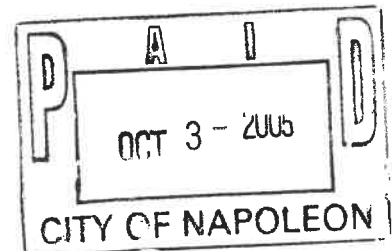
**Contractors**

**Fees and Receipts:**

Number	Description	Amount
FEE2005-761	Plumbing inside	\$10.00

**Total Fees:**                     \$10.00

**Description of work to be done:** Converting dental office back to single family residence.



**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**BUILDING & ZONING DEPARTMENT**

255 W. RIVERVIEW

(419)592-4010

**Electrical Permit**

Page 1 of 1

Permit Number: EL2005-67

Printed: 10/3/2005

**Property Address: 313 Norton Ave.**

**Applicant** Scott Hoover  
**Address:** 313 Norton Ave

**Approval Date:** 10/3/2005

Napoleon, OH 43545

**Phone:** 419-598-1404

**Owners**

**Name:** Mr. Scott Hoover  
**Address:** 313 Norton Ave

**Phone:** 419-598-1404

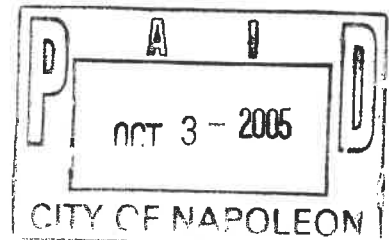
**Contractors**

**Fees and Receipts:**

Number	Description	Amount
FEE2005-760	electrical	\$15.00

**Total Fees:** \$15.00

**Description of work to be done:** Converting dental office back to single family residence



**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Certificate of Occupancy**

10/17/2007

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**Address:** 313 Norton Ave.  
Napoleon, OH 43545

**Permit #:** BP2005-164

**Owner:**

Mr. Scott Hoover

313 Norton Ave

Napoleon, OH 43545

**SUBSTANTIAL QUALIFICATIONS  
OF OCCUPANCY**

This certificate is issued by the City Building Inspector, as completed substantially in conformity with the approved plans as 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

THIS IS A VALUABLE RECORD  
FOR OWNER OR LESSEE AND  
SHOULD BE SO PRESERVED.

**Approved Occupancy #:**

**Issued:**

**By:** Tom Zimmerman

**Signature:**



# CITY OF NAPOLEON GENERAL PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITIONS, REMODELING.

DATE: 9/30/05 JOB LOCATION: 313 Norton St.

OWNER: SCOTT Hoover PHONE: 419-598-1404

OWNER ADDRESS: 313 Norton CITY: NAP ZIP: 43547

CONTRACTOR: SCF PHONE: \_\_\_\_\_

CONTRACTOR LICENSED WITH THE CITY OF NAPOLEON?: YES: \_\_\_\_\_ NO: \_\_\_\_\_

Is any of this job going to be subcontracted out? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes to whom: \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: remake dentist office, convert back to single family residence

### PLEASE MARK THE TYPE OF WORK YOU WILL BE PERFORMING

- |   |  |
|---|--|
| <input type="checkbox"/> A/C ADD ON                 | <input type="checkbox"/> REMODELING              |
| <input type="checkbox"/> BOILER REPLACEMENT         | <input type="checkbox"/> ROOFING                 |
| <input type="checkbox"/> CURBING                    | <input type="checkbox"/> SEWER REPAIRS**         |
| <input type="checkbox"/> DECKS *                    | <input type="checkbox"/> SIDEWALK*               |
| <input type="checkbox"/> DRIVEWAY*                  | <input type="checkbox"/> SIDING                  |
| <input type="checkbox"/> ELECTRICAL SERVICE UPGRADE | <input type="checkbox"/> STORAGE SHED*           |
| <input type="checkbox"/> ELECTRICAL SERVICE NEW     | <input type="checkbox"/> SWIMMING POOL*          |
| <input type="checkbox"/> FENCE*                     | <input type="checkbox"/> FURNACE REPLACEMENT     |
| <input type="checkbox"/> ADDITIONS*                 | <input type="checkbox"/> TEMP ELECTRIC           |
| <input type="checkbox"/> FURNACE NEW                | <input type="checkbox"/> WATER TAP (size _____") |
| <input type="checkbox"/> LAWN METER                 | <input type="checkbox"/> WINDOWS                 |
| <input type="checkbox"/> PLUMBING                   | <input type="checkbox"/> ZONING                  |



\*PLEASE INCLUDE A PICTURE SHOWING MEASUREMENTS FROM EXISTING STRUCTURES AND PROPERTY LINES. INDICATING THE TYPE OF WORK YOU WISH TO PERFORM.

\*\* IF WORK REQUIRES GOING INTO THE STREET A STREET BOND IS REQUIRED!

FOR PERMIT COSTS PLEASE FILL OUT REVERSE SIDE.

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**Inspections**

**Address:** 313 Norton Ave.  
Napoleon, OH 43545

**Applicant:** Scott Hoover

Page 1 of 1

Printed: 10/17/2007

**Permit Number:** PL2005-58

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**Inspection Date:** 10/15/2007  
**Inspection Number:** INSP2007-284  
**Inspection Type:** Plumbing Final

**Inspector:** Tom  
**Status:** Approved  
**Passed?**

**Required Steps:**

**Comments:**

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**Other Fields:**

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**Inspections**

Page 1 of 1

**Address:** 313 Norton Ave.  
Napoleon, OH 43545

Printed: 10/17/2007

**Applicant:** Scott Hoover

**Permit Number:** EL2005-67

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**Inspection Date:** 10/15/2007  
**Inspection Number:** INSP2007-283  
**Inspection Type:** Electric Final

**Inspector:** Tom  
**Status:** Complete  
**Passed?**

**Required Steps:**

**Comments:**

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**Other Fields:**