

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

Permit No. 2920 Issued 5-18-93
 Job Location 230 Orchard Lane
 Lot _____
 Issued by Brent N. Damman
 Owner Ian Pase
 Address 230 Orchard Ln., Napoleon, Ohio
 Agent Bostelman Electric
 Address 232 Rohrs, Napoleon, Ohio
 Use Type - Residential xxx
 Other - Describe _____
 No. Dwelling Units 1
 New _____ Replacement xxx
 Add'n. _____ Alter _____ Remodel _____
 Mixed Occupancy _____
 Change of Occupancy _____
 Estimated Cost \$ 300.00

| FEES | BASE | PLUS | TOTAL |
|--|----------|----------|----------|
| <input type="checkbox"/> Building | \$ _____ | \$ _____ | \$ _____ |
| <input checked="" type="checkbox"/> Electrical | \$ 15.00 | \$ _____ | \$ 15.00 |
| <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..... | | | \$ 15.00 |
| LESS FEES PAID..... | | | \$ _____ |
| BALANCE DUE..... | | | \$ 15.00 |

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: Electric service change, 200 overhead to 200 underground.
 Plumbing: _____
 Mechanical: _____

Additional Information: _____

Date 5-18-93 Applicant Signature *Bostelman*

PAID
 JUN 23 1993
 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 | | |
| 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 | | |
| 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 | | |
| | Service Conduit | | | Busways Ducts | | | <input type="checkbox"/> Heaters <input type="checkbox"/> Heat Cable | | | Electric Mtr. Clearance | | 5/9 BD |
| | Temporary Power Pole | | | Subpanels | | | <input type="checkbox"/> Duct Htr(s) <input type="checkbox"/> Furnace(s) | | | FINAL APPROVAL | | |
| BUILDING | Location, Set-backs, Esmt(s) | | | Exterior Wall Construction | | | 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 | | | 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. | | |
| | | | Roof System | | | Special Insp Reports Rec'd | | | Certificate of Occupancy Issued | | | |
| ADDITIONAL | INSPECTIONS, CORRECTIONS, ETC. | | | | | | INSPECTIONS, CORRECTIONS, ETC. | | | | | |
| | [Stamp: CITY OF BOSTON, DEPT. OF BUILDINGS] | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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. 2920 ISSUED 5-18-93

JOB LOCATION 230 Orchard

LOT _____
(Subdivision or Legal Description)

ISSUED BY BMD
(Building Official)

OWNER Tan Pasc PHONE _____

ADDRESS 230 Orchard Ln Nap.

AGENT Bostman Elec PHONE _____

ADDRESS 232 Rohr

USE: Residential () Commercial () Industrial
() Other _____

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

| | Base | Plus | Total |
|--|-----------------|----------|-----------------|
| () Building | \$ _____ | \$ _____ | \$ _____ |
| <input checked="" type="checkbox"/> Electrical | \$ <u>15.00</u> | \$ _____ | \$ <u>15.00</u> |
| () Plumbing | \$ _____ | \$ _____ | \$ _____ |
| () Mechanical | \$ _____ | \$ _____ | \$ _____ |
| () Demolition | \$ _____ | \$ _____ | \$ _____ |
| () Zoning | \$ _____ | \$ _____ | \$ _____ |
| () Sign | \$ _____ | \$ _____ | \$ _____ |
| () Water Tap | \$ _____ | \$ _____ | \$ _____ |
| () Sewer Tap | \$ _____ | \$ _____ | \$ _____ |
| () Temp Water | \$ _____ | \$ _____ | \$ _____ |
| () Temp Elec. | \$ _____ | \$ _____ | \$ _____ |

ESTIMATED COST = \$ 300.00

Additional Plan Review: _____ Structure Electric _____ Hours _____

| | |
|----------------|-----------------|
| TOTAL FEES | \$ <u>15.00</u> |
| Less Fees Paid | \$ _____ |
| BALANCE DUE | \$ <u>15.00</u> |

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: Electric service change, 200 overhead to 200 underground.

ELECTRICAL: Contractor _____ Phone _____
Address _____ ESTIMATED COST = \$ _____

Type of Work: ()New ()Service Change ()Rewiring ()Add'l Wiring TEMPORARY ELEC. REQUIRED - ()Yes ()No
Size of Service 200 Underground X 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 _____ Date _____