

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

Permit No. <u>2577</u>	Issued <u>3/18/92</u>	FEES	BASE	PLUS	TOTAL
Job Location <u>260 Orchard Lane</u>		<input type="checkbox"/> Building	\$	\$	\$
Lot _____		<input type="checkbox"/> Electrical	\$	\$	\$
Issued by <u>Brent N. Damman</u>		<input checked="" type="checkbox"/> Plumbing	\$ 9.00	\$	\$ 9.00
Owner <u>Ronald P. Lankenau</u>		<input type="checkbox"/> Mechanical	\$	\$	\$
Address <u>260 Orchard Lane, Napoleon, Ohio</u>		<input type="checkbox"/> Demolition	\$	\$	\$
Agent <u>Tropical Gardens 784-4101</u>		<input type="checkbox"/> Zoning	\$	\$	\$
Address <u>1009 W. High St. Defiance, Ohio 43512</u>		<input type="checkbox"/> Sign	\$	\$	\$
Use Type - Residential <u>xx</u>		<input type="checkbox"/> Water Tap	\$	\$	\$
Other - Describe _____		<input type="checkbox"/> Sew. Insp.	\$	\$	\$
No. Dwelling Units <u>1</u>		<input type="checkbox"/> Sewer Tap	\$	\$	\$
New _____ Replacement _____		<input type="checkbox"/> Temp. Water	\$	\$	\$
Add'n. <u>xx</u> Alter _____ Remodel _____		<input type="checkbox"/> Temp. Elec.	\$	\$	\$
Mixed Occupancy _____		TOTAL FEES.....			\$ 9.00
Change of Occupancy _____		LESS FEES PAID.....			\$
Estimated Cost \$ <u>2000.00</u>		BALANCE DUE.....			\$ 9.00

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: _____

Plumbing: Lawn sprinkling system.

Mechanical: _____

PAID

Additional Information: _____

MAR 24 1992

CITY OF NAPOLEON

Date 3-25-92 Applicant Signature Thomas J. O'Leary

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		
	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.					

PAID
 MAR 21 1993
 CITY OF HARLE...

THIS DATABASE IS FOR THE TRACKING OF LAWN SPRINKLING SYSTEMS
INSTALLED WITHIN THE CITY OF NAPOLEON RIGHT OF WAY, AND THE LIABILITY
THEREOF.

DOC #: _____ DATE: 3-18-92

F.NAME: Ronald L.NAME: P. Lankeau

STREET #: 260 STREET NAME: Orchard.

WE THE CITY OF NAPOLEON WILL ALLOW: TROPICAL GARDENS

STREET ADDRESS: 1009 W. HIGH ST.
~~260 ORCHARD LN~~

CITY: DEFIANCE
~~NAPOLEON~~ STATE: OHIO

TO INSTALL A LAWN SPRINKLING SYSTEM AT: 260 ORCHARD LN

WITH THE FOLLOWING UNDERSTANDING.

That the Contractor shall make a detailed drawing of all piping and
equipment that is in the right of way, a copy of which shall be
retained by the home owner and a second copy shall be submitted to
the City of Napoleon Engineering Department.

That the City of Napoleon (here after know as City) will not be
obligated to notify the owner, or be responsible for any costs
associated with when the need arises to remove any or all of your
equipment that is in the City right of way for any reason as the City
deems necessary.

I (owner): Ronald P. Lankeau fully understand the
above statement and hereby agree to the above conditions and
responsibilities.

(Owner sign) Ronald P. Lankeau DATE: 3/4/92

I (Contractor): _____ fully understand the
above statement and hereby agree to the above conditions and
responsibilities.

(Contractor sign) Tom De... DATE: 3-18-92

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>2577</u> Issued <u>3-18-92</u>	:	Building \$ _____	\$ _____	\$ _____
Job Location <u>260 Orchard Ln</u>	:	Electrical \$ _____	\$ _____	\$ _____
Lot _____	:	<input checked="" type="checkbox"/> Plumbing \$ <u>9.00</u>	\$ _____	\$ <u>9.00</u>
sub-div or legal description _____	:			
Issued by <u>BMS</u>	:	Mechanical \$ _____	\$ _____	\$ _____
Building Official _____	:			
Owner <u>Ronald Phantawan</u> Phone _____	:	Demolition \$ _____	\$ _____	\$ _____
Address <u>260 Orchard Ln</u>	:	Zoning \$ _____	\$ _____	\$ _____
Agent <u>Tropical Gardens</u> Phone <u>784-4101</u>	:	Sign \$ _____	\$ _____	\$ _____
Address <u>1009 W. High St</u>	:	Water Tap \$ _____	\$ _____	\$ _____
Description of Use <u>Residential</u>	:	Sewer Tap \$ _____	\$ _____	\$ _____
Residential _____	:	Temp Water \$ _____	\$ _____	\$ _____
(number dwelling units) _____	:			
Commercial _____ Industrial _____ New _____	:	Temp Elec. \$ _____	\$ _____	\$ _____
New _____ Addition <input checked="" type="checkbox"/> Replacement _____ Remodel _____	:	Additional Structure _____	Hours _____	
Mixed Occupancy _____ Change of Occupancy _____	:	Plan _____		
Estimated Cost: \$ _____	:	Review Electric _____	Hours _____	
	:	TOTAL FEES -----		\$ <u>9.00</u>
	:	Less Fees Paid (date) _____		\$ _____
	:	BALANCE DUE -----		\$ <u>9.00</u>

ZONING INFORMATION:

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

WORK INFORMATION:

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

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

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

Description of Work: Lower Sprinkling System

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: _____ Signature of Applicant _____

Lakenau Res.
260 Orchard Ln.



