

INSPECTION RECORD PERMIT

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

Permit No. 02421 Issued 8-30-91 date
 Job Location 9 Park Lane address
 Lot n/a sub-div or legal discript
 Issued By Brent N. Damman building official
 Owner Jeff Miller 599-9281 tel. name
 Address 9 Park Lane
 Agent Damman Plbg & Htg 758-3116 tel. builder-eng.-etc.
 Address P.O. Box 151, Okolona, OH 43550
 Description of Use Residential

Residential 1 no. dwelling units
 Commercial _____ Industrial _____
 New _____ Add'n. _____ Alter _____ Remodel XX
 Mixed Occupancy _____
 Change of Occupancy _____
 Estimated Cost \$ 7,000.00

| FEE | BASE | PLUS | TOTAL |
|--|---------------------------------------|--------|---------|
| <input type="checkbox"/> BUILDING | | | |
| <input type="checkbox"/> ELECTRICAL | | | |
| <input type="checkbox"/> PLUMBING | | | |
| <input type="checkbox"/> MECHANICAL | \$18.00 | \$2.00 | \$20.00 |
| <input checked="" 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. ELECT. | | | |
| ADDITIONAL PLAN REVIEW | Struct. _____ hrs Elect. _____ hrs | | |
| TOTAL FEES..... | | | \$20.00 |
| LESS MIN. FEES PAID <u>8-30-91</u> date | | | \$20.00 |
| BALANCE DUE..... | | | \$ 0.00 |

ZONING INFORMATION

| district | lot dimensions | area | front yd | side yds | rear yd |
|----------|----------------|---------------|-----------|--------------------------|-----------|
| | <u>n/a</u> | | | | |
| 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) _____ cu. ft.
 Electrical: _____ brief description
 Plumbing: _____ brief description
 Mechanical: Install furnace and ductwork. brief description
 Sign: _____ Dimensions _____ Sign Area _____
 type

Additional Information: _____
 Date 8-23-91 Applicant Signature [Signature] owner-agent
PAID
AUG 23 1991
CITY OF NAPOLEON

**APPLICATION FOR
Residential Building, Electrical, Plumbing, Mechanical & Demolition Permits
from the
CITY OF NAPOLEON - BUILDING DEPARTMENT
255 West Riverview Ave., Napoleon, Ohio 43545 (419) 592-4010**

PERMIT NO. 02421 ISSUED 8-30-91
 JOB LOCATION 9 Park Lane
 LOT _____ SUB-DIV N/A
 ISSUED BY BND
 OWNER Jeff Miller PN 599-9281
 ADDRESS 9 Park Lane
 AGENT Damian Plbg & Htg PN 758-3116
 ADDRESS P.O. Box 151 Okolona, Ohio 43550
 DESCRIPTION OF USE:
 RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____
 _____ NEW _____ ADDITION _____ ALTER REMODEL _____
 MIXED OCCUPANCY _____
 CHANGE OF OCCUPANCY _____
 ESTIMATED COST \$ ~~4000.00~~ 7000.00

| | <u>Base</u> | <u>Plus</u> | <u>Total</u> |
|--|----------------|----------------|-----------------|
| <input type="checkbox"/> Building | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Electrical | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Plumbing | \$ _____ | \$ _____ | \$ _____ |
| <input checked="" type="checkbox"/> Mechanical | \$ <u>1806</u> | \$ <u>2.00</u> | \$ <u>20.00</u> |
| <input type="checkbox"/> Demolition | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Zoning | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Sign | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Water Tap | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Sewer Tap | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Temp Water | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Temp Elec | \$ _____ | \$ _____ | \$ _____ |
| Total Fees | | | \$ <u>20.00</u> |
| Less Fees Paid <u>8-30-91</u> | | | \$ <u>20.00</u> |
| BALANCE DUE | | | \$ <u>-0-</u> |

ZONING INFORMATION:

| District | Lot Dimensions | Area | Front Yard | Side Yard | Rear Yard |
|----------|----------------|----------------|------------|--------------------------------------|-----------|
| | <u>N/A</u> | | | | |
| Max Hgt | No. Pkg Spaces | No. Ldg Spaces | Max Cover | Petition or Appeal Required and Date | |
| | | | | | |

WORK INFORMATION:

Building: Garage Floor Area _____ Basement Floor Area _____ Second Floor Area _____
 Size: Length _____ Width _____ Stories _____ Ground Floor Area _____ Height _____
 Building Volume (for Demolition Permit) _____ cu. ft.

DESCRIPTION OF WORK: Install furnace + Ductwork

PAID

AUG 30 1991

ELECTRICAL: Electrical Contractor _____ Phone _____

Address _____ Estimated Cost:\$ _____

Type of Work: New ___ Service Change ___ Rewiring ___ Add'l Wiring ___ Temp Elec Req.: Yes ___ No ___

Size of Service _____ Underground _____ Overhead _____ No. of New Circuits _____

Description of Work: _____

PLUMBING: Plumbing Contractor _____ Phone _____

Address _____ Estimated Cost:\$ _____

Water Tap Req.: Yes ___ No ___ Size _____ Type of Pipe _____ Water Dist. Pipe _____

San. Sewer Tap Req.: 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 ___

No. of Heat Zones: _____ Hot Water: (One Pipe _____ Two Pipe _____ Series Loop _____)

Electric Heat: (No. of Circuits _____) No. of Furnaces _____ No. of Hot Air Runs 10

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 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 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 _____