

PERMIT

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

Permit No. 3464 Issued 02/10/95
date

Job Location 712 Park St.
address

Lot _____
sub-div or legal discript

Issued By Brent N. Damman
building official

Owner Harold Wagner
name tel.

Address 712 Park St. Napoleon, OH

Agent Elling's Plbg & Htg. 598-8991
builder-eng.-etc. tel.

Address T-487, SR 108 Napoleon, OH

Description of Use _____

Residential _____
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ _____

FEES	BASE	PLUS	TOTAL
<input type="checkbox"/> BUILDING			
<input type="checkbox"/> ELECTRICAL			
<input type="checkbox"/> PLUMBING			
<input type="checkbox"/> MECHANICAL	10.00		10.00
<input checked="" type="checkbox"/> DEMOLITION			
<input type="checkbox"/> ZONING			
<input type="checkbox"/> SIGN			
<input type="checkbox"/> WATER TAP			
SEW. INSP.			
SEWER TAP			
TEMP. WATER			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs		
	Elect. _____ hrs		
TOTAL FEES.....			10.00
LESS MIN. FEES PAID _____			10.00
	<small>date</small>		
BALANCE DUE.....			-0-

ZONING INFORMATION

district	lot dimensions	area	front yd	side yds	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) _____ cu. ft.

Electrical: _____
brief description

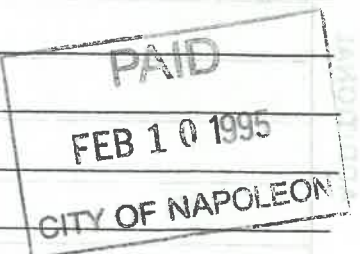
Plumbing: _____
brief description

Mechanical: Replacement of furnace.
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

Additional Information: _____

Date _____ Applicant Signature Carl H. Elling owner-agent



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. _____ ISSUED _____
 JOB LOCATION 712 Park
 LOT _____
 (Subdivision or Legal Description)
 ISSUED BY _____
 (Building Official)

OWNER Harold Wagner PHONE _____
 ADDRESS 712 Park
 AGENT Ellings Plotky PHONE 598-8991
 ADDRESS 1487-SR108 Nap Oh.
 USE: Residential () Commercial () Industrial
 () Other _____

WORK: () New () Addition Replacement () Remodel
 ESTIMATED COST = \$ ~~18,000~~ 1800⁰⁰

	<u>Base</u>	<u>Plus</u>	<u>Total</u>
() Building	\$ _____	\$ _____	\$ _____
() Electrical	\$ _____	\$ _____	\$ _____
() Plumbing	\$ _____	\$ _____	\$ _____
() Mechanical	\$ <u>1000</u>	\$ _____	\$ <u>1000</u>
() Demolition	\$ _____	\$ _____	\$ _____
() Zoning	\$ _____	\$ _____	\$ _____
() Sign	\$ _____	\$ _____	\$ _____
() Water Tap	\$ _____	\$ _____	\$ _____
() Sewer Tap	\$ _____	\$ _____	\$ _____
() Temp Water	\$ _____	\$ _____	\$ _____
() Temp Elec.	\$ _____	\$ _____	\$ _____

Additional Plan Review: Structure _____ Hours _____
 Electric _____ Hours _____

TOTAL FEES \$ 1000
 Less Fees Paid \$ _____
 BALANCE DUE \$ _____

ZONING INFORMATION

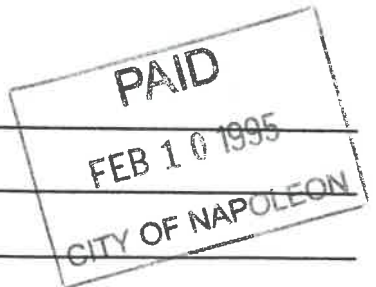
District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

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: Length _____ Width _____ Stories _____ Height _____
 Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: replacement of furnace



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

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