

PERMIT

CITY OF NAPOLEON, OHIO — DEPT. OF BUILDING & ZONING
255 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 592-4010

Permit No. 367 Date Oct. 6, 1981
Job Location 905 N. Perry St. Apt. #4 Valuation \$ 400.00
Owner Virginia Shaffer Address P.O. Box 545
Contractor Jim Speiser & Sons Telephone No. 599-1846
Address _____
Electric Contractor Same
Plumbing Contractor _____
Mechanical Contractor _____

This permit is issued for work described in the plans, specifications, and/or application submitted, as approved by the Building Commissioner of the City of Napoleon, Ohio. Work shall conform to all pertinent construction and land use Codes and Ordinances.

Work Information:

Residential Commercial X Industrial
No. dwelling units
New Construction Addition Remodel X
Brief Description of Work New 100 amp service, add 3 new duplex receptacles.

ISSUED BY Richard G. Hayman DEPT. OF BUILDING & ZONING
Building Official

PAID
OCT 7 1981
CITY OF NAPOLEON

It is the owners or contractors responsibility to call the Building Department for the following (X) inspections:

- Footing excavation prior to placing concrete.
- Footing drains and foundation prior to backfill.
- Prepared sub-grade prior to placing concrete floor slab.
- Sanitary sewer
- Rough-in electrical, plumbing and service framing prior to installing wall board.
- Final electrical, plumbing and heating.
- Final building inspection, prior to occupancy.

PERMIT & FEES

Building Permit	\$ _____
Electrical Permit	\$ <u>7.00</u>
Plumbing Permit	\$ _____
Mechanical Permit	\$ _____
Demolition Permit	\$ _____
Zoning Permit	\$ _____
Sign Permit	\$ _____
Water Tap	\$ _____
Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other _____	\$ _____
TOTAL FEES	\$ <u>7.00</u>
LESS FEES PAID	\$ _____
BALANCE DUE	\$ _____

Permit is not valid until all fees are paid in full, and shall be void if work is not started within six months of date above.

CITY OF NAPLES
BUILDING INSPECTION DEPARTMENT
APPLICATION FOR ELECTRICAL PERMIT
(Please Print or Type)

The undersigned hereby makes application for installation or replacement of electrical equipment or system specified, agreeing to do all such work in strict accordance with the City of Naples's adopted Electrical Codes.

Name of Owner VIRGINIA SCHAFFER Address #4 905 N. PERRY

Electrical Contractor JIM SPRISER & SONS Telephone No. 599-1846

Address P.O. Box 545 NAP. Q

Owner's Contractor Telephone No. _____

Address _____

Description of Project APT #4 Cost of Project 400⁰⁰

Work Information:

Residential Commercial _____ Industrial _____

New Service Added _____ Additional Wiring _____

Size of Service of Work NEW 100A SERVICE ADD 3

NEW Duplex Recept.

Size of Service 100A Number of new circuits 2

Type of Service Underground Overhead

Remarks (P)

Work to be done in _____ (Commercial and Industrial only)

Additional Information _____

REMARK: GROUND-Fault INTERRUPTER PROTECTION IS REQUIRED ON ALL 120-VOLT SINGLE PHASE 15 AMP. CIRCUITS WHICH ARE PART OF A TEMPORARY ELECTRICAL SERVICE AND ALSO ON BALCONY, OUTDOOR, AND GARAGE RECEPTACLES IN ALL DWELLING UNITS. SEE 810 & 811 E.C.

APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: ELECTRICAL LAYOUT AND Riser DIAGRAM. (FOR COMMERCIAL AND INDUSTRIAL WORK ONLY).

Date 10-6-81 Applicant's Signature Jim Spriser

PERMIT NO. 367
\$7.00

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INSPECTION RECORD

UNDERGROUND		ROUGH-IN & FINAL			
Type	Date	By	Type	Date	By
PLUMBING	Sewer Connection		Drainage, W. & Vent		
	Building Sewer		Water Piping		
	Water Piping		Condensate Lines		
			Indirect Waste		
					FINAL APPROVAL
ELECTRICAL	Floor Ducts Raceways		Rough Wiring		
	Conduits & or Cable		Conduits/Cable		
	Grounding & or Bonding		Service Panel		
			Subpanels		
			<input type="checkbox"/> Range <input type="checkbox"/> Dryer		FINAL APPROVAL
MECHANICAL	Refrigerant Piping		Refrigerant Piping		
	Ducts/Plenums		Ducts/Plenums		
			Ventilation Supply		
			<input type="checkbox"/> Exhst.		
			Wall Construction		
BUILDING	Excavation		Crawl Space <input type="checkbox"/> Vent <input type="checkbox"/> Access		
	Footings & Reinforcing		Floor System(s)		
	Sub-soil Drain		Roof System		
	Foundation Walls		Fire Wall(s)		
	Floor Slab		Roof Cover Roof Drain		
				Attic <input type="checkbox"/> Vent <input type="checkbox"/> Access	
			Fireplace Chimney		
			Special Insp Reports Rec'd		
			Smoke Detector		
			Demolition (sewer cap)		
			Building or Structure		
					FINAL APPROVAL
					#
					Certificate of Occupancy Issued
					BLDG. DEPT