

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

Permit No. 3183 Issued 4-25-94  
 Job Location 1010 S. Perry  
 Lot \_\_\_\_\_  
 Issued by Brent N. Damman  
 Owner Thomas Brubaker  
 Address 1010 S. Perry  
 Agent Don Bayes 337-2323  
 Address 1028 Ottokee St. Wauseon  
 Use Type - Residential X  
 Other - Describe \_\_\_\_\_  
 No. Dwelling Units \_\_\_\_\_  
 New Replacement  
 Add'n. Alter Remodel X  
 Mixed Occupancy \_\_\_\_\_  
 Change of Occupancy \_\_\_\_\_  
 Estimated Cost \$ 9,000.00

FEE	BASE	PLUS	TOTAL
<input type="checkbox"/> Building	\$ 9.00	\$ 46.00	\$ 55.00
<input type="checkbox"/> Electrical	\$	\$	\$
<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.....			\$ 55.00
LESS FEES PAID.....			\$
BALANCE DUE.....			\$ 55.00

**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	

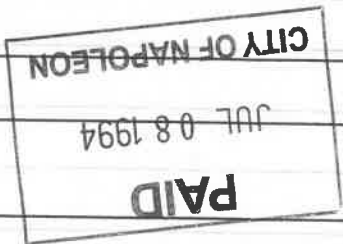
**WORK INFORMATION**

Size: Length \_\_\_\_\_ Width \_\_\_\_\_ Stories \_\_\_\_\_ Ground Floor Area \_\_\_\_\_  
 Height \_\_\_\_\_ Building Volume (for Demo. Permit) \_\_\_\_\_

Electrical: \_\_\_\_\_  
 Plumbing: \_\_\_\_\_  
 Mechanical: \_\_\_\_\_

Additional Information: siding, soffit and insulation

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_





**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. 3183 ISSUED 4-25-94  
 JOB LOCATION 1010 S. Perry  
 LOT \_\_\_\_\_  
 (Subdivision or Legal Description)  
 ISSUED BY BND  
 (Building Official)

OWNER Thomas Brubaker PHONE \_\_\_\_\_  
 ADDRESS 1010 S. Perry Napoleon  
 AGENT Don Bayes PHONE 337-2323  
 ADDRESS 1028 Otto Kee St. Napoleon  
 USE:  Residential  Commercial  Industrial  
 Other \_\_\_\_\_  
 WORK:  New  Addition  Replacement  Remodel  
 ESTIMATED COST = \$ 9,000.00

	<u>Base</u>	<u>Plus</u>	<u>Total</u>
<input checked="" type="checkbox"/> Building	\$ <u>9,000</u>	\$ <u>26,100</u> <u>46,100</u>	\$ <u>55,100</u>
<input type="checkbox"/> Electrical	\$ _____	\$ _____	\$ _____
<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"/> Sewer Tap	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp Water	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp Elec.	\$ _____	\$ _____	\$ _____

Additional Plan Review: Structure \_\_\_\_\_ Hours \_\_\_\_\_  
 Electric \_\_\_\_\_ Hours \_\_\_\_\_

TOTAL FEES . . . . . \$ 55,100  
 Less Fees Paid . . . . . \$ \_\_\_\_\_  
 BALANCE DUE . . . . . \$ 55,100

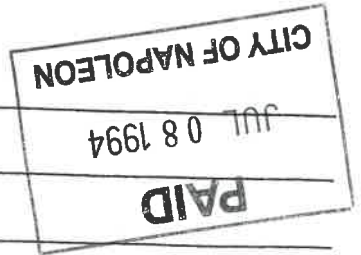
ZONING INFORMATION

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

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: Siding, Soffit & insulation



**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 \_\_\_\_\_

**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) 592-2910

ENTRY NO. _____		<u>Base</u>	<u>Plus</u>	<u>Total</u>
PERMIT NO. <u>ISSUED</u> 	( ) Building	\$ _____	\$ _____	\$ _____
*JOB LOCATION <u>1010 S. PERRY ST.</u>	( ) Electrical	\$ _____	\$ _____	\$ _____
LOT _____	( ) Plumbing	\$ _____	\$ _____	\$ _____
(Subdivision or Legal Description)	( ) Mechanical	\$ _____	\$ _____	\$ _____
ISSUED BY _____	( ) Demolition	\$ _____	\$ _____	\$ _____
(Building Official)	( ) Zoning	\$ _____	\$ _____	\$ _____
*OWNER <u>THOMAS BRUBAKER</u> PHONE _____	( ) Sign	\$ _____	\$ _____	\$ _____
ADDRESS <u>1010 S. Perry, Napoleon, OH</u>	( ) Water Tap	\$ _____	\$ _____	\$ _____
*AGENT <u>Don Bayer</u> PHONE <u>337-2323</u>	( ) Sewer Tap	\$ _____	\$ _____	\$ _____
ADDRESS <u>1028 Otlokee St, Wauseon, OH</u>	( ) Temp Water	\$ _____	\$ _____	\$ _____
USE: (X) Residential ( ) Commercial ( ) Industrial	( ) Temp Elec.	\$ _____	\$ _____	\$ _____
( ) Other _____				
WORK: ( ) New ( ) Addition ( ) Replacement (X) Remodel				
*ESTIMATED COST = \$ <u>9,000.00</u>	Additional	Structure _____	Hours _____	
<u>CONTRACT NO# 6695</u>	Plan Review:	Electric _____	Hours _____	
	TOTAL FEES	_____	\$ _____	
	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: Width \_\_\_\_\_ Length \_\_\_\_\_ Stories \_\_\_\_\_ Height \_\_\_\_\_

Building Volume (for Demolition Permit) \_\_\_\_\_ cubic feet

\*Description of Work: Siding & Insulation



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(517) 263-6403  
(517) 263-2617 (FAX)

WAUSEON, OHIO  
(419) 337-2323  
(FAX) (419) 337-3976

TO: Brent  
FROM: Jue / New Concepts  
DATE: 4-20-94  
PAGES: 1 plus title page

RE: \_\_\_\_\_  
Brent - I think this should complete what you need. I didn't send proof of insurance because Mike said he talked to you & would take a copy to you.  
Jue

