

PERMIT -
CITY OF NAPOLEON - BUILDING DEPARTMENT

255 West Riverview Avenue, Napoleon, Ohio 43545 - 419-592-4010

Permit No. 01322 Issued 3-11-87
date

Job Location 419 S. Perry
address

Lot 4 Section 13 S.E. W¹/₂ South Third
sub-div or legal discript

Issued By Eldon Huber
building official

Owner Walt Panning 592-7741
name tel.

Address 419 S. Perry

Agent Dennis Damman, Builder 592-3957
builder-eng.-etc. tel.

Address R-475 Rd 13 A R-6

Description of Use Residence

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel X

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 12,250.00

	FEES	BASE.	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING		\$6.00	\$39.75	\$45.75
<input checked="" type="checkbox"/> ELECTRICAL		\$10.00	\$8.00	\$18.00
<input checked="" type="checkbox"/> PLUMBING		\$6.00	\$10.00	\$16.00
<input type="checkbox"/> MECHANICAL				
<input type="checkbox"/> DEMOLITION				
<input type="checkbox"/> ZONING				
<input type="checkbox"/> SIGN				
WATER TAP				
SEWER TAP				
TEMP. ELECT.				
ADDITIONAL PLAN REVIEW	Struct. 3-Copys hrs			\$.75
	Elect. _____ hrs			
TOTAL FEES.....				\$80.50
LESS MIN. FEES PAID _____				
				<small>date</small>
BALANCE DUE.....				

ZONING INFORMATION N.A.

district G.P.	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
				PAID	

WORK INFORMATION:

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____
 Height _____ Building Volume (for demo. permit) _____ cu. ft.

Electrical: Re-wire new kitchen & bath 4-cir.
brief description

Plumbing: New kitchen, bath & laundry
brief description

Mechanical: _____
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

Additional Information: Remodel bedroom, kitchen, bathroom & laundry add closet. Existing garage becomes laundry-utility room and storage closet.

Date 3-20-87 Applicant Signature Dennis E. Damman
owner-agent

MAR 20 1987

CITY OF NAPOLEON

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			KITCHEN ONLY BATH,	3/25 4/9	EH EH				Backflow Prevention		
	Building Sewer			Water Piping NO TEST	4/9	EH	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)	3/9	EH	Exterior Wall Construction			Roof Covering Roof Drainage			Smoke Detector		
	Excavation	3/9	EH				Exterior Lath			Demolition (sewer cap)		
	Footings & Reinforcing						<input type="checkbox"/> Interior Lath <input type="checkbox"/> Wallboard					
	Floor Slab			Interior Wall Construction		EH	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)		EH				FINAL APPROVAL BLDG. DEPT.	5/6	EH
				Roof System			Special Insp Reports Rec'd			Certificate of Occupancy Issued		
ADDITIONAL	INSPECTIONS, CORRECTIONS, ETC.						INSPECTIONS, CORRECTIONS, ETC.					

2137

RESIDENTIAL PLAN CORRECTION SHEET

CITY OF NAPOLEON
255 West Riverview Ave.
Napoleon, Ohio 43545
419/592-4010

ADDENDUM TO Permit No. 01322
Owner WALT TANNING
Contractor OWEN'S DARRMAN
Location 419 S. PERRY

Please note the items checked below and incorporate them into your plans as indicated: PERMIT NOT YET ISSUED, CORRECT PLANS AND RE-SUBMIT. PERMIT ISSUED, INCORPORATE ITEMS DURING CONSTRUCTION.

GENERAL		
<input type="checkbox"/>	Provide approved smoke detector(s) as req'd.	
<input type="checkbox"/>	Provide 1/2" gypsum wallboard between dwelling and garage, on garage side.	
<input type="checkbox"/>	Provide min. 1 3/8" solid wood door from garage to dwelling. (or equal)	
<input type="checkbox"/>	Submit fully dimensioned plot plan.	
<input type="checkbox"/>	Provide min. of 1-3'0" x 6'8" exit door.	
<input checked="" type="checkbox"/>	Provide min. 22" x 30" attic access opening.	
<input checked="" type="checkbox"/>	Provide min. 18" x 24" crawl space access opening.	
<input type="checkbox"/>	Provide approved sheathing or flashing behind masonry veneer.	
<input type="checkbox"/>	Provide min. 15# underlayment on roof.	
<input type="checkbox"/>	Provide adequate fireplace hearth.	
<input type="checkbox"/>	Install factory built fireplaces/stoves according to manufacturers instructions.	
<input type="checkbox"/>	Terminate chimney 2' above roof or 2' above highest point of building within 10' of chimney.	
LIGHT AND VENTILATION		
<input type="checkbox"/>	Provide mechanical exhaust or window in bathroom	
<input type="checkbox"/>	Provide min. <u>132</u> Sq. In. net free area attic ventilation.	
<input checked="" type="checkbox"/>	Provide min. <u>39</u> Sq. In. net free area crawl space ventilation.	
FOUNDATION		
<input checked="" type="checkbox"/>	Min. depth of foundation below finished grade is 32".	
<input type="checkbox"/>	Min. size of footer _____" x _____"	
<input checked="" type="checkbox"/>	Provide anchor bolts 1/2" @ 6' o.c. 1' from each corner. Embedded 7" in concrete and 15" in masonry.	
<input type="checkbox"/>	Show size of basement columns.	
FRAMING		
<input type="checkbox"/>	Show size of wood girder in _____.	
<input type="checkbox"/>	Provide design data for structural member in _____.	
<input type="checkbox"/>	Floor joists undersized in _____.	
<input type="checkbox"/>	Provide double joists under parallel bearing partitions.	
<input type="checkbox"/>	Provide 1" x 4" let in corner bracing, approved sheathing, or equal.	
<input type="checkbox"/>	Show size of headers for openings over 4' wide _____.	
<input type="checkbox"/>	Show size of members supporting porch roof.	
<input checked="" type="checkbox"/>	Provide double top plate for all bearing partitions and exterior walls.	
<input type="checkbox"/>	Provide design data for prefab wood truss.	
<input type="checkbox"/>	Ceiling joists undersized in _____.	
<input type="checkbox"/>	Roof rafters undersized in _____.	
PLUMBING AND MECHANICAL		
<input checked="" type="checkbox"/>	Terminate all exhaust systems to outside air	
<input type="checkbox"/>	Insulate ducts in unheated areas.	
<input type="checkbox"/>	Provide backflow prevention device on all hose bibs.	
<input type="checkbox"/>	Terminate pressure and temperature relief valve drain in an approved manner.	
<input type="checkbox"/>	Provide dishwasher drain with approved air gap device.	
METAL VENEERS		
<input type="checkbox"/>	Contact City Utilities Dept. to remove conductors and/or meter.	
<input type="checkbox"/>	Provide approved system of grounding and bonding.	
ELECTRICAL		
<input type="checkbox"/>	Show location of service entrance panel and service equipment panel.	
<input type="checkbox"/>	G. F. C. I. req'd. on temporary electric.	
<input checked="" type="checkbox"/>	Outdoor, bathroom and garage receptacles shall be protected by G. F. C. I. <u>NOTE (A)</u>	
<input type="checkbox"/>	Maximum number of receptacles permitted on a G. F. C. I. circuit shall be 10 for 20 A. circuits and 7 for 15A. circuits.	
<input type="checkbox"/>	Refrigerators, microwaves, washers, disposal, furnace and air conditioners shall be on separate circuits.	
INSPECTIONS		
The following indicated inspections are required. The owner or his agent shall contact the City Building Dept. at least 24 hrs prior to the time the inspection is to be made.		
<input checked="" type="checkbox"/>	Footers and Setbacks.	Building sewer.
<input checked="" type="checkbox"/>	Foundation.	HVAC rough-in.
<input checked="" type="checkbox"/>	Plumbing rough-in.	<input checked="" type="checkbox"/> Final Building
<input checked="" type="checkbox"/>	Plumbing final.	other,
<input type="checkbox"/>	Electrical service.	
<input checked="" type="checkbox"/>	Electrical rough-in.	
<input checked="" type="checkbox"/>	Electrical final	

Additional Corrections. KITCHEN RECEPTICALS WITHIN 6'-0" OF THE SINK AND ABOVE THE COUNTER SHALL BE GROUND FAULT. FLOOR 101571 MIN 2x6 @ 16" O.C. STUOF MIN 2x4 @ 16" O.C.

The approval of plans and specifications does not permit the violation of any section of the Building Code or other City Ordinance. This addendum is attached to Permit No. 01322 and made a part thereof. DATE APPROVED OR DISAPPROVED 3-11-87 Checked by 54

DATE RECHECKED AND APPROVED _____ Checked by _____ Plan Examiner.

OWNER 592-7741

CITY OF NAPOLEON
BUILDING INSPECTION DEPARTMENT
APPLICATION FOR ELECTRICAL PERMIT
(Please print or type)

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

Owner's Name Walt Panning Address 419 S. Perry

Electrical Contractor _____ Telephone No. _____

Address _____

General Contractor Dennis Dammar Telephone No. 592-3957

Address R-475 Rd 13A R-6 Napoleon

Location of Project _____ Cost of Project \$750.00

Work Information:

Residential 1 Commercial _____ Industrial _____

No. Units

New _____ Service Change _____ Rewiring _____ Additional Wiring X

Brief Description of Work: install receptacles in new kitchen bath

Size of proposed service entrance _____ Number of new circuits 4

Type of proposed service entrance _____ Underground _____ Overhead _____

Require Temporary Electric _____ (Yes or No)

Total Floor Area - Commercial and Industrial only _____ sq. ft.

Additional Information: _____

PERMIT NO.

PERMIT FEE \$

*Ground fault circuit interrupter protection is required on all 120-volt single phase, 15 and 20 amp. Circuits which are part of a temporary electric service; and also on bathroom, outdoor, and garage receptacles in all dwelling units. Art. 220-8 N.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).

ate _____ Applicant's Signature _____

CITY OF NAPOLEON
BUILDING INSPECTION DEPARTMENT
APPLICATION FOR BUILDING PERMIT
(Please print or type)

The undersigned hereby makes application for construction, installation, or alteration work as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Building Codes.

Location of project 419 S Perry Cost of project 12,250.⁰⁰

Owner's Name Walt Panning Address _____

Contractor Dennis Damman Builder Telephone No. 592-3957

Address _____

Lot Information: (Not required for siding job)

Lot No. _____ Subdivision _____

Zoning District _____ Lot Size _____ ft. X _____ ft. Area _____ sq. ft.

Setbacks: Front _____ Right Side _____ Left Side _____ Rear _____

Work Information:

Residential _____ Commercial _____ Industrial _____

New Construction _____ Addition _____ Remodel _____

Accessory Building _____ Siding _____

(Specific Type)

Brief Description of Work:-----

Size: Length _____ Width _____ No. of Stories _____

Area: 1st Floor _____ sq. ft. Basement _____ sq. ft.

2nd Floor _____ sq. ft. Accessory Bldg. _____ sq. ft.

3rd Floor _____ sq. ft. Other _____ sq. ft.

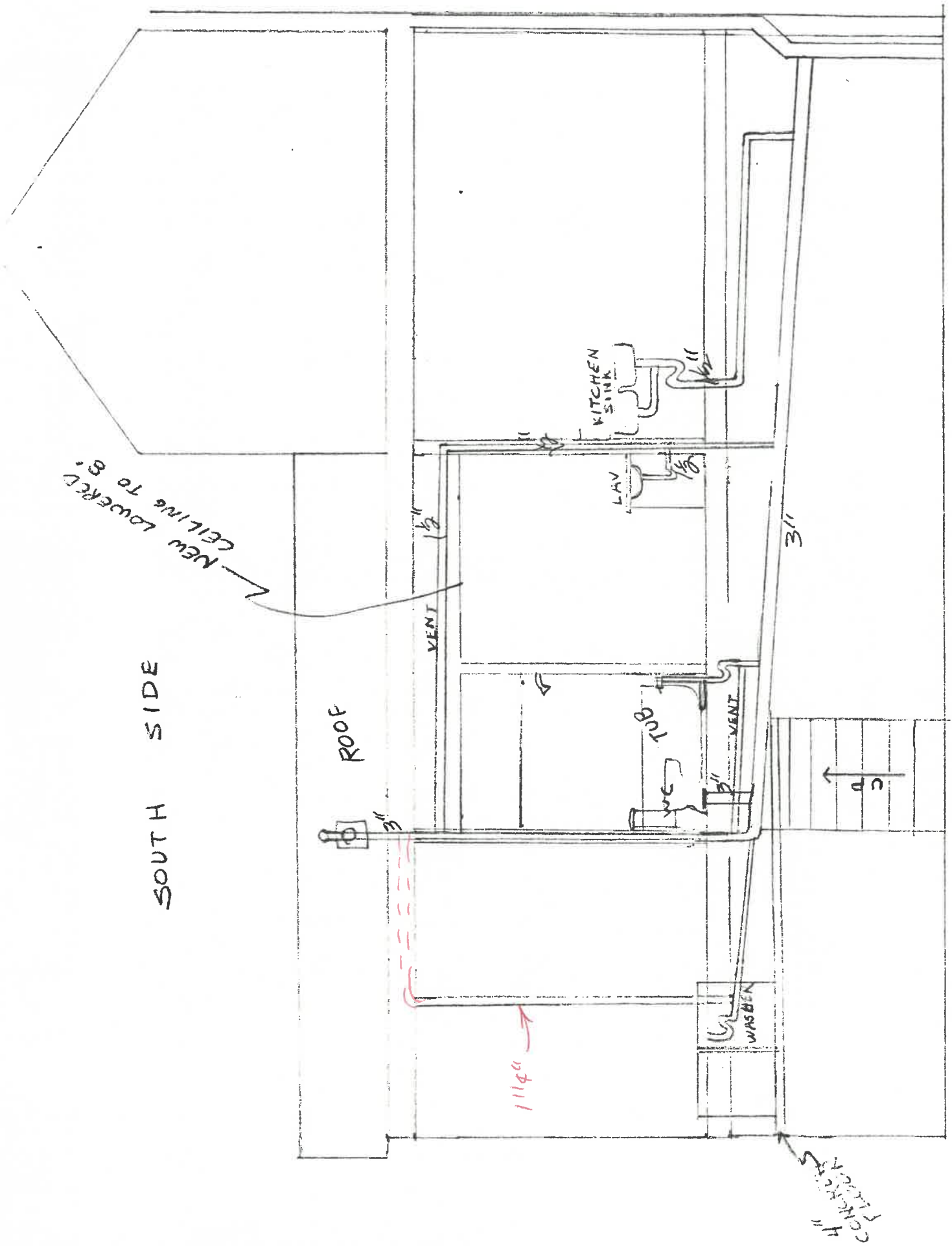
Additional Information: _____

APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: ELEVATIONS, FLOOR PLANS, CROSS SECTIONS AND PLOT PLAN. IF ADDITION OR REMODELING, SHOW ALL EXISTING STRUCTURES AND THEIR SIZE AND LOCATION. ALL PLANS SHALL BE DRAWN TO SCALE.

Date _____ Applicant's Signature _____

PERMIT NO.

PERMIT FEE \$



NORTH SIDE

VENT
STACK

ROOF

JOIST

NEW 8' CEILING

BULKHEAD

KITCHEN

1/2"

1/2"

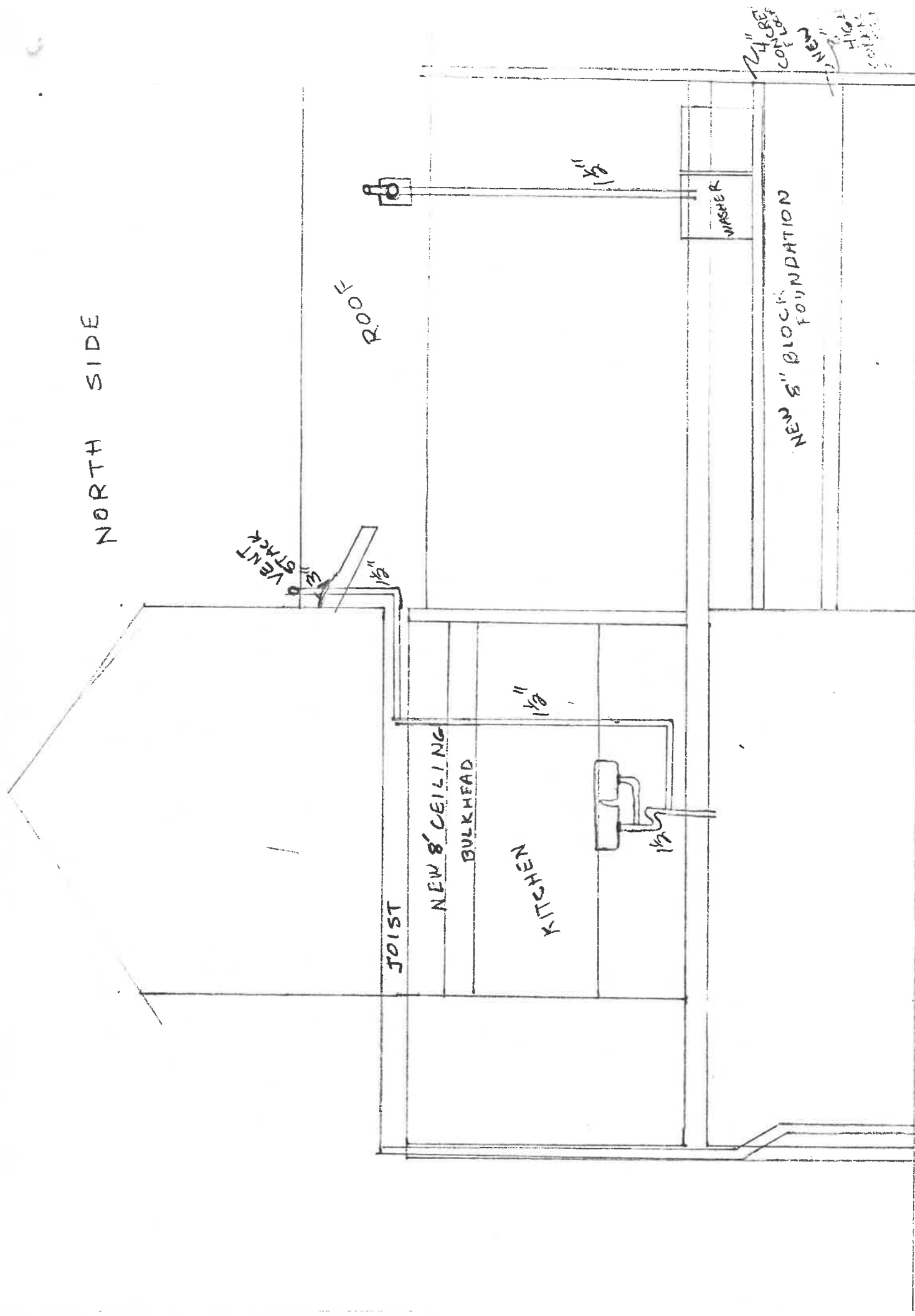
1/2"

WASHER

NEW 8" BLOCK FOUNDATION

24" COPIES
VENT
HIGHER
COLLECT

PLUMBING + FOUNDATION



PLUMBING

