

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

Permit No. 4083 Issued 10/15/96  
 Job Location 737 S. Perry St.  
 Lot \_\_\_\_\_  
 Issued by Brent N. Damman  
 Owner Marjorine Hefflinger  
 Address 737 S. Perry Napoleon, OH  
 Agent T.J. Quality Repair 782-6751  
 Address 1818 Ayersville Ave Defiance, OH  
 Use Type - Residential X 43512  
 Other - Describe \_\_\_\_\_  
 No. Dwelling Units \_\_\_\_\_  
 New \_\_\_\_\_ Replacement X  
 Add'n. \_\_\_\_\_ Alter \_\_\_\_\_ Remodel \_\_\_\_\_  
 Mixed Occupancy \_\_\_\_\_  
 Change of Occupancy \_\_\_\_\_  
 Estimated Cost \$ 3,000.00

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> Building	\$ <u>9.00</u>	\$ <u>27.00</u>	\$ <u>36.00</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"/> Sew. Insp.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Sewer Tap	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp. Water	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp. Elec.	\$ _____	\$ _____	\$ _____
TOTAL FEES.....			\$ <u>36.00</u>
LESS FEES PAID.....			\$ <u>36.00</u>
BALANCE DUE.....			\$ <u>-0-</u>

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) \_\_\_\_\_

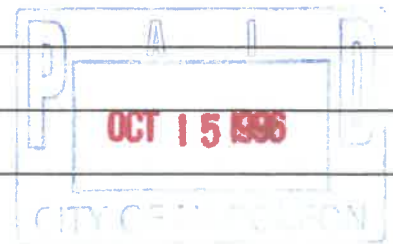
Electrical: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Mechanical: \_\_\_\_\_

Additional Information: Re-roof with sheeting replacement

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



# INSPECTION RECORD

	UNDERGROUND			ROUGH-IN						FINAL		
	Type	Date	By	Type	Date	By	Type	Date	By	Type	Date	By
<b>PLUMBING</b>	Building Drains			Drainage, Waste & Vent Piping			Indirect Waste			Drainage, Waste & Vent Piping		
	Water Piping									Backflow Prevention		
	Building Sewer			Water Piping			Condensate Lines			Water Heater		
	Sewer Connection									FINAL APPROVAL		
<b>MECHANICAL</b>	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		
<b>ELECTRICAL</b>	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		
<b>BUILDING</b>	Location, Set-backs, Esmt(s)			Exterior Wall Construction			Roof Covering Roof Drainage			Smoke Detector		
	Excavation						Exterior Lath			Demolition (sewer cap)		
	Footings & Reinforcing						<input type="checkbox"/> Interior Lath <input type="checkbox"/> Wallboard					
	Floor Slab			Interior Wall Construction			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)						FINAL APPROVAL BLDG. DEPT.		
			Roof System			Special Insp Reports Rec'd			Certificate of Occupancy Issued			
<b>ADDITIONAL</b>	<b>INSPECTIONS, CORRECTIONS, ETC.</b>						<b>INSPECTIONS, CORRECTIONS, ETC.</b>					

OCT 1 1988

**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. 4083 ISSUED 10-15-96

JOB LOCATION 737 S. Perry

LOT \_\_\_\_\_  
 (Subdivision or Legal Description)

ISSUED BY BND  
 (Building Official)

OWNER Margorine Hefflinger PHONE \_\_\_\_\_

ADDRESS 737 S. Perry Nap

AGENT T.S. Quality Repair PHONE 782-6751

ADDRESS 1828 Aycoville Ave. Def.  
43512

USE:  Residential  Commercial  Industrial  
 Other \_\_\_\_\_

WORK:  New  Addition  Replacement  Remodel

ESTIMATED COST = \$ 3000.00

	Base	Plus	Total
<input checked="" type="checkbox"/> Building	\$ <u>9.00</u>	\$ <u>27.00</u>	\$ <u>36.00</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 Structure \_\_\_\_\_ Hours \_\_\_\_\_  
 Plan Review: Electric \_\_\_\_\_ Hours \_\_\_\_\_

TOTAL FEES . . . . . \$ 36.00  
 Less Fees Paid . . . . . \$ \_\_\_\_\_  
 BALANCE DUE . . . . . \$ \_\_\_\_\_

**ZONING INFORMATION**

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard
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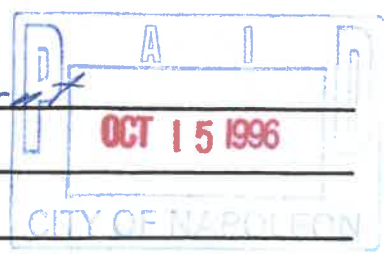
Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date
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**WORK INFORMATION**

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: Re-roof w/shedding replacement



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