

**PERMIT**

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

Permit No. 01316 Issued 3-5-87 date  
 Job Location 237 Pontius Place address  
 Lot 12 Huddle Sub-Div. sub-div or legal discript  
 Issued By Eldon Huber building official  
 Owner Edith Meyer name tel.  
 Address 237 Pontious Place  
 Agent Waisner Cons. 274-5996 builder-eng.-etc. tel.  
 Address Rt. #1 Holgate, Ohio  
 Description of Use Residence  
 Residential 1 no. dwelling units  
 Commercial \_\_\_\_\_ Industrial \_\_\_\_\_  
 New \_\_\_\_\_ Add'n. X Alter \_\_\_\_\_ Remodel \_\_\_\_\_  
 Mixed Occupancy \_\_\_\_\_  
 Change of Occupancy \_\_\_\_\_  
 Estimated Cost \$ 8,400.00

| FEE                                            | BASE                        | PLUS        | TOTAL |
|------------------------------------------------|-----------------------------|-------------|-------|
| <input checked="" type="checkbox"/> BUILDING   | 6.00                        | 32.75       | 38.75 |
| <input checked="" type="checkbox"/> ELECTRICAL | 10.00                       | 4.00        | 14.00 |
| <input type="checkbox"/> PLUMBING              |                             |             |       |
| <input checked="" type="checkbox"/> MECHANICAL | 12.00                       | .00         | 12.00 |
| <input type="checkbox"/> DEMOLITION            |                             |             |       |
| <input type="checkbox"/> ZONING                |                             |             |       |
| <input type="checkbox"/> SIGN                  |                             |             |       |
| WATER TAP                                      |                             |             |       |
| SEWER TAP                                      |                             |             |       |
| TEMP. ELECT.                                   |                             |             |       |
| ADDITIONAL PLAN REVIEW                         | Struct. <u>4 prints</u> hrs | <u>5.00</u> |       |
|                                                | Elect. _____ hrs            |             |       |
| TOTAL FEES.....                                |                             |             | 69.75 |
| LESS MIN. FEES PAID                            |                             |             |       |
| BALANCE DUE.....                               |                             |             |       |

**ZONING INFORMATION**

| district | lot dimensions | area          | front yd  | side yds                 | rear yd   |
|----------|----------------|---------------|-----------|--------------------------|-----------|
| A        | 70' x 162.5'   | 11,375 S.F.   |           |                          |           |
| max hgt  | no pkg spaces  | no ldg spaces | max cover | petition or appeal req'd | date appr |
| 35'      | 2-min.         |               | 35%       |                          |           |

**WORK INFORMATION:**

Size: Length 12' Width 14' Stories 1 Pouch 10' x 12' 120 S.F.  
 Ground Floor Area 168 S.F.  
 Height 12' Building Volume (for demo. permit) \_\_\_\_\_ cu. ft.  
 Electrical: 2 - additional circuits brief description  
 Plumbing: N.A. brief description  
 Mechanical: 1 - hot air run brief description  
 Sign: N.A. Dimensions \_\_\_\_\_ Sign Area \_\_\_\_\_  
 Additional Information: Utility room addition.

Date Mar. 13, 1987 Applicant Signature Edith L. Meyer owner-agent



RESIDENTIAL PLAN CORRECTION SHEET

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

ADDENDUM TO Permit No. 01316 (1)  
Owner EDITH MEYER  
Contractor LOUISNER COGS  
Location 237 TOTTIONS PLACE

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

| GENERAL                             |                                                                                                      |  |                                                                                                                                                                                |
|-------------------------------------|------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | Provide approved smoke detector(s) as req'd.                                                         |  | Show size of members supporting porch roof.                                                                                                                                    |
|                                     | Provide 1/2" gypsum wallboard between dwelling and garage, on garage side.                           |  | Provide double top plate for all bearing partitions and exterior walls.                                                                                                        |
|                                     | Provide min. 1 3/8" solid wood door from garage to dwelling. (or equal)                              |  | Provide design data for prefab wood truss.                                                                                                                                     |
|                                     | Submit fully dimensioned plot plan.                                                                  |  | Ceiling joists undersized in _____.                                                                                                                                            |
|                                     | Provide min. of 1-3'0" x 6'8" exit door.                                                             |  | Roof rafters undersized in _____.                                                                                                                                              |
| <input checked="" type="checkbox"/> | Provide min. 22" x 30" attic access opening.                                                         |  | PLUMBING AND MECHANICAL                                                                                                                                                        |
| <input checked="" type="checkbox"/> | Provide min. 18" x 24" crawl space access opening.                                                   |  | Terminate all exhaust systems to outside air.                                                                                                                                  |
|                                     | Provide approved sheathing or flashing behind masonry veneer.                                        |  | Insulate ducts in unheated areas.                                                                                                                                              |
|                                     | Provide min. 15# underlayment on roof.                                                               |  | Provide backflow prevention device on all hose bibs.                                                                                                                           |
|                                     | Provide adequate fireplace hearth.                                                                   |  | Terminate pressure and temperature relief valve drain in an approved manner.                                                                                                   |
|                                     | Install factory built fireplaces/stoves according to manufacturers instructions.                     |  | Provide dishwasher drain with approved air gap device.                                                                                                                         |
|                                     | Terminate chimney 2' above roof or 2' above highest point of building within 10' of chimney.         |  | METAL VENEERS                                                                                                                                                                  |
|                                     | LIGHT AND VENTILATION                                                                                |  | Contact City Utilities Dept. to remove conductors and/or meter.                                                                                                                |
|                                     | Provide mechanical exhaust or window in bathroom _____.                                              |  | Provide approved system of grounding and bonding.                                                                                                                              |
|                                     | Provide min. _____ Sq. In. net free area attic ventilation.                                          |  | ELECTRICAL                                                                                                                                                                     |
| <input checked="" type="checkbox"/> | Provide min. <u>2-8" x 16" VENTS</u> Sq. In. net free area crawl space ventilation.                  |  | Show location of service entrance panel and service equipment panel.                                                                                                           |
|                                     | FOUNDATION                                                                                           |  | G. F. C. I. req'd. on temporary electric.                                                                                                                                      |
|                                     | Min. depth of foundation below finished grade is 32".                                                |  | <input checked="" type="checkbox"/> Outdoor, bathroom and garage receptacles shall be protected by G. F. C. I.                                                                 |
|                                     | Min. size of footer _____" x _____".                                                                 |  | <input checked="" 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.                   |
|                                     | Provide anchor bolts 1/2" @ 6' o.c. 1' from each corner. Embedded 7" in concrete and 15" in masonry. |  | Refrigerators, microwaves, washers, disposal, furnace and air conditioners shall be on separate circuits.                                                                      |
|                                     | Show size of basement columns.                                                                       |  | INSPECTIONS                                                                                                                                                                    |
|                                     | FRAMING                                                                                              |  | 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. |
|                                     | Show size of wood girder in _____.                                                                   |  | <input checked="" type="checkbox"/> Footers and Setbacks.                                                                                                                      |
|                                     | Provide design data for structural member in _____.                                                  |  | <input checked="" type="checkbox"/> Foundation.                                                                                                                                |
|                                     | Floor joists undersized in _____.                                                                    |  | Plumbing rough-in. <input checked="" type="checkbox"/>                                                                                                                         |
|                                     | Provide double joists under parallel bearing partitions.                                             |  | Plumbing final. <input checked="" type="checkbox"/>                                                                                                                            |
|                                     | Provide 1" x 4" let in corner bracing, approved sheathing, or equal.                                 |  | Electrical service. <input checked="" type="checkbox"/>                                                                                                                        |
|                                     | Show size of headers for openings over 4' wide _____.                                                |  | <input checked="" type="checkbox"/> Electrical rough-in.                                                                                                                       |
|                                     |                                                                                                      |  | <input checked="" type="checkbox"/> Electrical final                                                                                                                           |

Additional Corrections. PROVIDE 3/8" DRYWALL OR EQUAL THERMAL BARRIER OVER FOAM PLASTIC INSULATION IN CRAWL SPACE. THE WINDOW OR WINDOWS SHALL HAVE A TOTAL GLAZING AREA OF NOT LESS THAN 17 1/2 SQ. FT. THE GLASS IN A DOOR MAY BE INCLUDED AS PART OF THIS AREA.

The approval of these 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. 01316 and made a part thereof. DATE APPROVED OR DISAPPROVED 3-4-87 Checked by EA

DATE RECHECKED AND APPROVED \_\_\_\_\_ Checked by \_\_\_\_\_ Plan Examiner.



# PERMIT

## CITY OF NAPOLEON - BUILDING DEPARTMENT

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

01316

Permit No. [REDACTED] Issued 3-3-87 date

Job Location 237 PONTIUS PLACE address

Lot 12 HUDDLE SUB-DIV. sub-div or legal discript

Issued By E building official

Owner EDITH MEYER name tel.

Address RT#1 237 PONTIUS PL.

Agent WISNER CONS. 274-5996 builder-eng.-etc. tel.

Address RT#1 HOLLGATE, OHIO

Description of Use RESIDENCE

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Residential 1 no. dwelling units

Commercial \_\_\_\_\_ Industrial \_\_\_\_\_

New \_\_\_\_\_ Add'n. X Alter \_\_\_\_\_ Remodel \_\_\_\_\_

Mixed Occupancy \_\_\_\_\_

Change of Occupancy \_\_\_\_\_

Estimated Cost \$ 8400.00

| FEES                                           | BASE                    | PLUS            | TOTAL        |
|------------------------------------------------|-------------------------|-----------------|--------------|
| <input checked="" type="checkbox"/> BUILDING   | 6.00                    | 32.75           | 38.75        |
| <input checked="" type="checkbox"/> ELECTRICAL | 10.00                   | 4.00            | 14.00        |
| <input type="checkbox"/> PLUMBING              |                         |                 |              |
| <input checked="" type="checkbox"/> MECHANICAL | 12.00                   | .00             | 12.00        |
| <input type="checkbox"/> DEMOLITION            |                         |                 |              |
| <input checked="" type="checkbox"/> ZONING     |                         |                 | 1.00         |
| <input type="checkbox"/> SIGN                  |                         |                 |              |
| WATER TAP                                      |                         |                 |              |
| SEWER TAP                                      |                         |                 |              |
| TEMP. ELECT.                                   |                         |                 |              |
| ADDITIONAL PLAN REVIEW                         | Struct. <u>4-PRINTS</u> | hrs <u>5.00</u> | <u>5.00</u>  |
|                                                | Elect. _____            | hrs _____       | <u>19.75</u> |
| TOTAL FEES.....                                |                         |                 | <u>84.00</u> |
| LESS MIN. FEES PAID _____                      |                         |                 |              |
| BALANCE DUE.....                               |                         |                 |              |

### ZONING INFORMATION

|               |                     |                    |            |                          |           |
|---------------|---------------------|--------------------|------------|--------------------------|-----------|
| district      | lot dimensions      | area               | front yd   | side yds                 | rear yd   |
| <u>A</u>      | <u>70' x 162.5'</u> | <u>11,375 S.F.</u> |            |                          |           |
| max hgt       | no pkg spaces       | no ldg spaces      | max cover  | petition or appeal req'd | date appr |
| <u>35'-0"</u> | <u>2-MIN</u>        | <u>[REDACTED]</u>  | <u>35%</u> |                          |           |

### WORK INFORMATION:

Size: Length 12' Width 24' Stories 1 Ground Floor Area 168 S.F.

Height 12' Building Volume (for demo. permit) \_\_\_\_\_ cu. ft.

Electrical: 2-ADDITIONAL CIRCUITS brief description

Plumbing: N.A. brief description

Mechanical: 1-HOT AIR RUV brief description

Sign: N.A. Dimensions \_\_\_\_\_ Sign Area \_\_\_\_\_

Additional Information: UTILITY ROOM ADDITION

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_ owner-agent



269-2198

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 237 Pontious Pl Cost of project \$8400  
Owner's Name Edith Meyer Address 237 Pontious Pl  
Contractor Waisner Const Telephone No. 274-5996  
Address Rt. 1 Holgate Ohio

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 X Remodel \_\_\_\_\_  
Accessory Building \_\_\_\_\_ Siding \_\_\_\_\_

Brief Description of Work: ----- addition of utility + porch area (Specific Type)

Size: Length 12 Width 24 No. of Stories one  
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 3-3-87 Applicant's Signature Jerry Waisner

PERMIT NO. \_\_\_\_\_  
PERMIT FEE \$ \_\_\_\_\_





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 Edith Meyer Address 237 Pontious Pl  
Electrical Contractor Warner Const Telephone No. ~~274-5996~~ 274-5996  
Address Rt 1 Holgate, Ohio  
General Contractor same Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_  
Location of Project 237 Pontious Pl Cost of Project \$ 90

Work Information:

Residential  Commercial \_\_\_\_\_ Industrial \_\_\_\_\_  
No. Units \_\_\_\_\_  
New \_\_\_\_\_ Service Change \_\_\_\_\_ Rewiring \_\_\_\_\_ Additional Wiring

Brief Description of Work: \_\_\_\_\_  
\_\_\_\_\_

Size of proposed service entrance \_\_\_\_\_ Number of new circuits 2  
Type of proposed service entrance \_\_\_\_\_ Underground \_\_\_\_\_ Overhead \_\_\_\_\_  
Require Temporary Electric \_\_\_\_\_ (Yes or No)  
Total Floor Area - Commercial and Industrial only \_\_\_\_\_ sq. ft.

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

\*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).

Date 3-3-87 Applicant's Signature Jerry Warner

PERMIT NO. \_\_\_\_\_  
PERMIT FEE \$ \_\_\_\_\_



CITY OF NAPOLEON  
BUILDING INSPECTION DEPARTMENT  
APPLICATION FOR HEATING PERMIT  
(PLEASE PRINT OR TYPE)

The undersigned hereby makes application for the installation, replacement or alteration of a heating system or device as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Mechanical Code for 1, 2 and 3 Family Buildings.

Owner's Name Edith Meyer Address 237 Pontious Pl  
Contractor's Name Waisner Const Address Rt. 1 Holgate, O Tel. 364-2148

BUILDING INFORMATION:

Single Family  Double Family \_\_\_\_\_ Multiple \_\_\_\_\_ New Construction \_\_\_\_\_  
Addition  Remodel \_\_\_\_\_ Replacement \_\_\_\_\_ No. of Stories \_\_\_\_\_

DESCRIPTION OF WORK

Heating System - Warm Air  Hot Water \_\_\_\_\_ Steam \_\_\_\_\_ Electric \_\_\_\_\_

Unit Heaters \_\_\_\_\_ Unit Gas Heaters \_\_\_\_\_ Other \_\_\_\_\_

Type - Gravity \_\_\_\_\_ Forced  Radiant \_\_\_\_\_

No. of Thermostatical Heating Zone \_\_\_\_\_

Hot Water - One Pipe \_\_\_\_\_ Two Pipe \_\_\_\_\_ Series Loop \_\_\_\_\_

Electric Heat - No. of Circuits \_\_\_\_\_ Other \_\_\_\_\_

Total Heat Loss of Area to be Heated \_\_\_\_\_ Btu.

Rated Capacity of Furnace/Boiler \_\_\_\_\_ Btu.

No. of Furnaces 1 No. of Hot Air Runs 1

No. of Hot Water Radiators \_\_\_\_\_ Type of Fuel \_\_\_\_\_

Heating Units Located: Crawl Space \_\_\_\_\_ Floor Level  Suspended \_\_\_\_\_

Roof or Exposed to Outside Air \_\_\_\_\_ Attic \_\_\_\_\_ Other \_\_\_\_\_

APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: LOCATION OF FURNACE OR UNIT HEATERS AND SIZE AND LOCATION OF FEEDER DUCTS AND RETURN AIR DUCTS. ALL PLANS SHALL BE DRAWN TO SCALE.

ESTIMATED COST OF COMPLETED PROJECT: \$45

DATE 3-3-87 APPLICANT'S SIGNATURE Jerry Waisner  
OWNER-CONTRACTOR-AGENT

