

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

Permit No. 2741 Issued 8-27-92

Job Location 419 E. Raymond

Lot _____

Issued by Brent N. Damman

Owner Robert Wachtman 592-3890

Address 419 E. Raymond, Napoleon, OH

Agent Self

Address _____

Use Type - Residential x

Other - Describe _____

No. Dwelling Units 1

New Replacement

Add'n. x Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 800.00

FEES	BASE	PLUS	TOTAL
<input type="checkbox"/> Building	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Electrical	\$ _____	\$ <u>9.00</u>	\$ <u>9.00</u>
<input checked="" type="checkbox"/> Plumbing	\$ <u>9.00</u>	\$ <u>3.00</u>	\$ <u>12.00</u>
<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>21.00</u>
LESS FEES PAID.....			\$ _____
BALANCE DUE.....			\$ <u>21.00</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) _____

PAID

Electrical: _____
 Plumbing: _____
 Mechanical: _____

AUG 27 1992

CITY OF NAPOLEON

Additional Information: Shower stall and electrical installation.

Date _____ Applicant Signature Uma Wachtman

APPLICATION FOR
RESIDENTIAL, BUILDING, ELECTRICAL, PLUMBING, AND MECHANICAL PERMITS 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. 2741 ISSUED 8-27-92 [] BUILDING \$ _____ \$ _____ \$ _____

JOB LOCATION 419 E. Raymond [X] ELECTRICAL \$ _____ \$ 9.00 \$ 9.00

LOT _____ [X] PLUMBING \$ 9.00 \$ 3.00 \$ 12.00
(Subdivision or Legal Description)

ISSUED BY BND [] MECHANICAL \$ _____ \$ _____ \$ _____
(Building Official)

OWNER Robert Wachman PHONE 592-3890 [] DEMOLITION \$ _____ \$ _____ \$ _____

ADDRESS 419 E. Raymond [] ZONING \$ _____ \$ _____ \$ _____

AGENT Self PHONE _____ [] SIGN \$ _____ \$ _____ \$ _____

ADDRESS _____ [] WATER TAP \$ _____ \$ _____ \$ _____

USE - RESIDENTIAL OTHER _____ [] SEWER TAP \$ _____ \$ _____ \$ _____

COMMERCIAL _____ INDUSTRIAL _____ NEW _____ ADD'N [] TEMP WATER \$ _____ \$ _____ \$ _____

REPLACEMENT _____ REMODEL _____ MIXED OCCUPANCY _____ [] TEMP ELEC \$ _____ \$ _____ \$ _____

ESTIMATED COST - \$ 800.00

Additional Plan Review - Structure Electric _____ Hours _____

TOTAL FEES \$ 21.00
Less Fees Paid (Date) _____ \$ _____
BALANCE DUE \$ 21.00

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 - GARAGE FLOOR AREA _____ SQ.FT. - BASEMENT FLOOR AREA _____ SQ. FT. - 2ND FLOOR AREA _____ SQ.FT.

SIZE - LENGTH _____ - WIDTH _____ - STORIES _____ - GROUND FLOOR AREA _____ SQ. FT.

HEIGHT _____ - BUILDING VOLUME (FOR DEMOLITION PERMIT) _____ CUBIC FEET

DESCRIPTION OF WORK: 1 Shower Stall + electrical installation

ELECTRICAL: Contractor _____ Phone _____

Address _____

ESTIMATED COST = \$ _____

TYPE OF WORK: New Service Change Rewiring Add'l Wiring

TEMPORARY ELECTRIC REQUIRED - Yes No

Size of Service _____ Underground _____ Overhead _____ Number of New Circuits _____

DESCRIPTION OF WORK: _____

PLUMBING: Contractor Self _____ 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 = 1 Lavatories = _____ Kitchen Sinks = _____ Disposal = _____

Clothes Washer = _____ Floor Drains = _____ Other (Fixture/Type) - _____

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 _____