

PERMIT

CITY OF NAPOLEON, OHIO — DEPT. OF BUILDING & ZONING
255 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 592-4010

Permit No. 319 Date July 30, 1981
Job Location 1057 Reynolds Valuation \$ 675.00
Owner Rachell Rook Address 1057 Reynolds
Contractor Construction Basics Telephone No. 599-5681
Address P. O. Box 646, Napoleon, Ohio
Electric Contractor _____
Plumbing Contractor _____
Mechanical Contractor _____

This permit is issued for work described in the plans, specifications, and/or application submitted, as approved by the Building Commissioner of the City of Napoleon, Ohio. Work shall conform to all pertinent construction and land use Codes and Ordinances.

Work Information:

Residential X Commercial _____ Industrial _____
No. dwelling units
New Construction _____ Addition _____ Remodel _____
Brief Description of Work Demolition of barn

ISSUED BY Richard G. Hayman DEPT. OF BUILDING & ZONING
Building Official

It is the owners or contractors responsibility to call the Building Department for the following (x) inspections:

- _____ Footing excavation prior to placing concrete.
- _____ Footing drains and foundation prior to backfill.
- _____ Prepared sub-grade prior to placing concrete floor slab.
- _____ Sanitary sewer
- _____ Rough-in electrical, plumbing and service framing prior to installing wall board.
- _____ Final electrical, plumbing and heating.
- X _____ Final ~~building~~ inspection, ~~prior to occupancy.~~

PERMIT & FEES

Building Permit	\$ 100.00
Electrical Permit	\$ _____
Plumbing Permit	\$ _____
Mechanical Permit	\$ _____
Demolition Permit	\$ <u>10.00</u>
Zoning Permit	\$ _____
Sign Permit	\$ _____
Water Tap	\$ _____
Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other _____	\$ _____

TOTAL FEES \$ 10.00
LESS FEES PAID \$ -0-
BALANCE DUE \$ 10.00

Permit is not valid until all fees are paid in full, and shall be void if work is not started within six months of date above.

PAID
JUL 31 1981
CITY OF NAPOLEON

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PERMIT & FEES

Building Permit	\$ <u>30x00</u>
Electrical Permit	\$ _____
Plumbing Permit	\$ _____
Mechanical Permit	\$ _____
Demolition Permit	\$ <u>10.00</u>
Zoning Permit	\$ _____
Sign Permit	\$ _____
Water Tap	\$ _____
Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other	\$ _____

TOTAL FEES \$ _____
LESS FEES PAID \$ _____
BALANCE DUE \$ _____

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INSPECTION RECORD

UNDERGROUND		ROUGH-IN & FINAL			
Type	Date	By	Type	Date	By
PLUMBING	Sewer Connection		Drainage, W. & Vent		
	Building Sewer		Water Piping		
	Water Piping		Condensate Lines		
			Indirect Waste		
ELECTRICAL	Floor Ducts Raceways		Rough Wiring		
	Conduits & or Cable		Conduits/Cable		
	Grounding & or Bonding		Service Panel/ Switchboard		
			Subpanels		
MECHANICAL	Refrigerant Piping		Refrigerant Piping		
	Ducts/ Plenums		Ducts/ Plenums		
			Ventilation Supply		
			Exhst.		
BUILDING	Location, Set-backs, Esmt(s)		Wall Construction		
	Excavation		Crawl Space		
	Footings & Reinforcing		Floor System(s)		
	Sub-soil Drain		Roof System		
	Foundation Walls		Fire Wall(s)		
	Floor Slab		Roof Cover/ Roof Drain		
FINAL APPROVAL BLDG. DEPT		11/19/99	Certificate of Occupancy Issued		#

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

The undersigned hereby makes application for construction, installation, or alternation 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 1057 REYNOLDS Cost of Project \$ 675⁰⁰

Owner's Name RACHEL ROOK Address 1057 REYNOLDS

Contractor CONSTRUCTION BASICS Telephone No. 599-5681

Address P.O. Box #646 NAPOLEON, OHIO

Lot Information: (not required for siding job)

Lot No. _____ Subdivision _____

Zoning District A 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 _____

Brief Description of Work: DEMOLITION OF BARN Specific Type _____

Size: Length _____ Width _____ No. of Stories _____

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

2nd Floor _____ sq. ft. Accessory Building _____ 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 [Signature]

PERMIT NO. 319
PERMIT FEE \$ 10.00

