

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

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

Permit No. 02345 Issued 6-19-91
date

Job Location 1353 Richmans
address

Lot 3 Taylor Addition
sub-div or legal discript

Issued By Brent N. Damman
building official

Owner Peg Function
name tel.

Address 1353 Richmar

Agent Self
builder-eng.-etc. tel.

Address _____

Description of Use Residential

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. XX Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 10,000.00

| FEES | BASE | PLUS | TOTAL |
|---|-------------------|------------------|---------|
| <input checked="" type="checkbox"/> BUILDING | \$9.00 | \$48.00 | \$57.00 |
| <input checked="" type="checkbox"/> ELECTRICAL | | \$ 9.00 | \$ 9.00 |
| <input type="checkbox"/> PLUMBING | | | |
| <input type="checkbox"/> MECHANICAL | | \$ 9.00 | \$ 9.00 |
| <input checked="" 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. ELECT. | | | |
| ADDITIONAL PLAN REVIEW | Struct. _____ hrs | Elect. _____ hrs | |
| TOTAL FEES..... | | | \$75.00 |
| LESS MIN. FEES PAID <u>6-19-91</u> <small>date</small> | | | 75.00 |
| BALANCE DUE..... | | | \$ 0.00 |

ZONING INFORMATION

| district | lot dimensions | area | front yd | side yds | rear yd |
|----------|----------------|---------------|-----------|--------------------------|-----------|
| A | 83.40 x 119.40 | 9957.96 | 30' | 7' | 15' |
| max hgt | no pkg spaces | no ldg spaces | max cover | petition or appeal req'd | date appr |
| 35' | 2 per | | 35% | | |

WORK INFORMATION:

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____

Height _____ Building Volume (for demo. permit) _____ cu. ft.

Electrical: _____
brief description

Plumbing: _____
brief description

Mechanical: _____
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

Additional Information: Family room addition.

PAID

Date 6-19-91 Applicant Signature Peg Function owner-agent **JUN 19 1991**

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 | | | | | | | | | Backflow Prevention | | |
| | Building Sewer | | | Water Piping | | | 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 | 8/1A | BD |
| ELECTRICAL | Conduits & or Cable | | | Conduits/Cable | | | <input type="checkbox"/> Range <input type="checkbox"/> Dryer | | | Temp Service Temp Lighting | | |
| | Grounding & or Bonding | | | Rough Wiring | 8/1A | BP | <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 | 8/1A | BD |
| BUILDING | Location, Set-backs, Esmt(s) | | | Exterior Wall Construction | | | Roof Covering Roof Drainage | 8/1A | BD | Smoke Detector | | |
| | Excavation | 7/1A | BD | | | | Exterior Lath | | | Demolition (sewer cap) | | |
| | Footings & Reinforcing | 7/1A | BD | | | | <input type="checkbox"/> Interior Lath <input type="checkbox"/> Wallboard | | | | | |
| | Floor Slab | | | Interior Wall Construction | | | Fire Wall(s) | | | Building or Structure | | |
| | Foundation Walls | 7/1A | BD | Columns & Supports | | | Fireplace Chimney | | | | | |
| | Sub-soil Drain | 7/1A | BD | Crawl Space <input type="checkbox"/> Vent <input type="checkbox"/> Access | 7/1A | BP | Attic <input type="checkbox"/> Vent <input type="checkbox"/> Access | | | | | |
| | Piles | | | Floor System(s) | 7/1A | BP | | | | FINAL APPROVAL BLDG. DEPT. | | |
| | | | Roof System | 7/1A | BD | Special Insp Reports Rec'd | | | Certificate of Occupancy Issued | | | |
| ADDITIONAL | INSPECTIONS, CORRECTIONS, ETC. | | | | | | INSPECTIONS, CORRECTIONS, ETC. | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

PAID

JUL 1 1981

OFFICE OF INSPECTION

NAPOLEON BUILDING DEPARTMENT (SAMPLE DRAWING)

VENTS Vented soffit + 4 roof vents
 ROOFING Sheathing with plywood clips + asphalt shingles
 UNDERLAYMENT 5 LB FELT paper
 SHEATHING 3/8" with clips

2x4 TRUSSES
 @ 2' R rafters O.C.
 2x4 TRUSSES
 @ 2' CEILING JOISTS O.C.

2-6" BATT'S
 CEILING INSULATION
 5/8" DRYWALL
 FINISH CEILING

2x4
 TYPE OF FRAMING LUMBER

2x12
 SIZE OF HEADERS

3/4" T+G
 SUB FLOOR

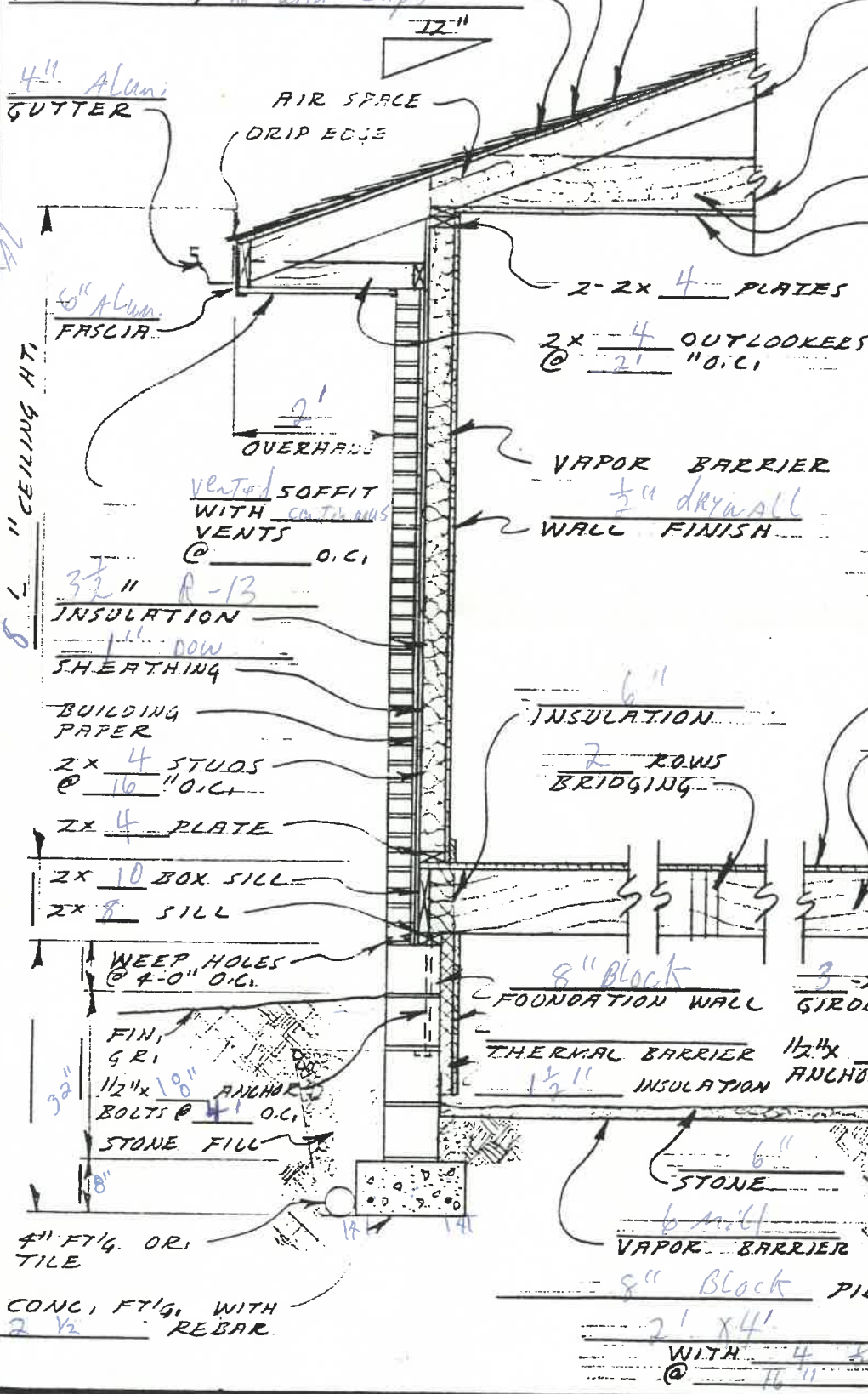
2x10 FLOOR JOISTS
 @ 16" O.C.

2x10 SOLID BLK.

3-2x10 GIRDER

1/2" x 18" ANCHOR BOLTS

FOOTING REBAR
 WITH 4 @ 20" O.C.



TO 10' CEILING

4" ALUMI
 GUTTER

AIR SPACE
 DRIP EDGE

6" ALUMI
 FASCIA

2-2x4 PLATES

2x4 OUTLOOKERS
 @ 2' O.C.

VAPOR BARRIER
 1/2" DRYWALL
 WALL FINISH

VENTED SOFFIT
 WITH CONTINUOUS
 VENTS
 @ O.C.

3 1/2" R-13
 INSULATION

1" ROW
 SHEATHING

BUILDING
 PAPER

2x4 STUDS
 @ 16" O.C.

2x4 PLATE

2x10 BOX SILL

2x8 SILL

WEEP HOLES
 @ 4'-0" O.C.

FINI
 GRI
 1/2" x 18" ANCHOR
 BOLTS @ 4' O.C.

STONE FILL

4" FT/G. OR
 TILE

CONC. FT/G. WITH
 2" REBAR

6" INSULATION

2 ROWS
 BRIDGING

8" BLOCK
 FOUNDATION WALL

THERMAL BARRIER
 1 1/2" INSULATION

6" STONE

6" VAPOR BARRIER

8" BLOCK PIER

2" x 4"
 WITH 4 @ 20" O.C.

DATE 6-30-91

WALL SECTION - BRICK VENEER

DWG N° OF

APPLICATION
for
RESIDENTIAL BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, PERMITS and DEMOLITION PERMIT
from the

CITY OF NAPOLEON - BUILDING DEPARTMENT

255 West Riverview Ave. Napoleon, Ohio 43545 Pn. 419-592-4010

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|------------|-----------------------|----------------|-------------|---------------------------|-----------|
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| max hgt | no pkg spaces | no ldg spaces | max cover | petition or appeal req'd. | date appr |
| <u>35'</u> | <u>2 per</u> | | <u>3.5%</u> | | |

WORK INFORMATION:

BUILDING: Garage Fl. Area _____ Basement Fl. Area _____ Second Floor Area _____

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____

Height _____ Building Volume (for demo. permit) _____ cu. ft.

Description of Work: Family room addition.

| Ch. Permits Req. | Base | Fees Plus | Total |
|--|-------------|--------------|--------------|
| <input checked="" type="checkbox"/> Building | <u>9.00</u> | <u>48.00</u> | <u>57.00</u> |
| <input checked="" type="checkbox"/> Electrical | | <u>9.00</u> | <u>9.00</u> |
| <input type="checkbox"/> Plumbing | | | |
| <input checked="" type="checkbox"/> Mechanical | | <u>9.00</u> | <u>9.00</u> |
| <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 struc. | | hrs | |
| plan review | | Elect. hrs | |
| Total Fees..... | | | <u>75.00</u> |
| Less Min. Fees Pd. <u>6-19-91</u> | | | <u>75.00</u> |
| | | date | |
| Balance Due..... | | | <u>-0-</u> |

PAID

JUN 19 1991

ELECTRICAL: Electrical Contractor Self Pn. _____

Address _____ Estimated Cost \$ _____

Type of work: New _____ Service change _____ Rewiring _____ Additional Wiring X Temp. Elac. Req. _____

Size of service _____ Underground _____ Overhead _____ No. of new circuits 3 yes no

Description of work: family room addition wiring

PLUMBING: Plumbing Contractor _____ Pn. _____

Address _____ Estimated Cost \$ _____

Water Tap Req. _____ Size _____ Type of Pipe _____ Water Dist. Pipe _____ type

San. Sewer Tap Req. _____ Size _____ Type of Pipe _____ Dr. Waste Vt. Pipe _____ type

St. Sewer Tap Req. _____ Size _____ 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 _____ Dishwasher _____ Clothes Washer _____

Floor Drains _____ Other Fixtures: Type _____ No. _____

Description of Work: _____

MECHANICAL: Mechanical Contractor Self Pn. _____

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 _____

No. of Heat Zones _____ Hot Water: (One Pipe _____ Two Pipe _____ Series Loop _____) Electric Heat: (No of Circuits _____) No. of Furnaces _____

No. of Hot Air Runs 3 No. of Hot Water Radiators _____ Total Heat Loss _____ Rated Capacity of Furnace/Boiler _____

Location of Heating Units: Crawl Space _____ Floor Level _____ Attic _____ Suspended _____ Roof _____ Outside _____ Other _____

Description of Work family room addition mechanical

DRAWINGS REQUIRED: All Applications must be Accompanied by Two Complete sets of Drawings Including SITE PLAN, FOUNDATION PLAN, FLOOR PLANS, STRUCTURAL FRAMING PLANS, EXTERIOR ELEVATIONS, SECTIONS and DETAILS, STAIR DETAILS, ELECTRICAL LAYOUT, PLUMBING ISOMETRIC, HEATING LAYOUT ETC. All plans shall be DRAWN TO SCALE. Show all existing structures on the site plan also, 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 Dept. Rules and Regulations, Standard Specifications and other Pertinent Sections of the Napoleon Code of Ordinances.

Date 01/19 Signature of Applicant _____

Application not valid without signature

RECEIVED
CITY OF NAPOLÉON