

PERMIT

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

Permit No. 300 Date Sept. 3, 1981
Job Location 403 W. Front St. Valuation \$ 2,000.00
Owner Ron Birt Address _____
Contractor Self Name _____ Address _____
Telephone No. 599-9502
Address _____
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 1X Commercial _____ Industrial _____
No. dwelling units

New Construction _____ Addition _____ Remodel _____

Brief Description of Work General remodeling. Finish carpentry, plumbing, re-connect gas furnace. Install new 100 amp breaker panel and re-wire.

ISSUED BY JRC Building Official DEPT. OF BUILDING & ZONING

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.
- Final building inspection, prior to occupancy.

PERMIT & FEES

Building Permit	\$ <u>9.00</u>
Electrical Permit	\$ <u>9.00</u>
Plumbing Permit	\$ <u>6.00</u>
Mechanical Permit	\$ <u>6.00</u>
Demolition Permit	\$ _____
Zoning Permit	\$ _____
Sign Permit	\$ _____
Water Tap	\$ _____
Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other	\$ _____

TOTAL FEES \$ 30.00
LESS FEES PAID \$ PAID
BALANCE DUE \$ SEP 3 1981

CITY OF NAPOLEON

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.

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	9-11-84	
			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		
			Certificate of Occupancy Issued		

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PERMIT

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

Permit No. 344 Date Sept. 3, 1981
Job Location 403 W. Front St. Valuation \$ 2,000.00
Owner Ron Birr Address _____
Contractor Self Name _____ Address _____
Telephone No. 599-9502
Address _____
Electric Contractor _____
Plumbing Contractor _____
Mechanical Contractor _____

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Work Information:

Residential 1X Commercial _____ Industrial _____
No. dwelling units
New Construction _____ Addition _____ Remodel _____
Brief Description of Work General remodeling. Finish carpentry, plumbing, re-connect gas furnace. Install new 100 amp breaker panel and re-wire.

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

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

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- 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.
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Plumbing Permit	\$ <u>6.00</u>
Mechanical Permit	\$ <u>6.00</u>
Demolition Permit	\$ _____
Zoning Permit	\$ _____
Sign Permit	\$ _____
Water Tap	\$ _____
Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other	\$ _____

TOTAL FEES \$ 30.00
LESS FEES PAID \$ _____
BALANCE DUE \$ _____

PAID
SEP 3 1981
CITY OF NAPOLEON

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.

CITY OF NAPOLEON
DEPARTMENT OF BUILDING & ZONING
APPLICATION FOR
CERTIFICATE OF OCCUPANCY

Address 403 West Front Date 9-1-81

Zoning District _____

I, Ron Biss owner hereby request that a Certificate of Occupancy be issued for the above address, more particularly described as follows:

Building Area _____ Occupancy Area _____

Prop. Parking Spaces Front of House Exist. Parking Spaces _____

Reason for Request

New Residence

_____ Change in use or type of business from _____ to _____

Signed Ron Biss

Date 9-1-81

Inspection Report: _____

Approved _____ CO# _____ Not Approved _____

Reasons for not being approved _____

Signed _____

Date _____

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 403 W. FRONT ST Cost of project \$2,000

Owner's Name Rox Bix Address 403 W FRONT ST

Contractor Open Telephone No. 599-9502

Address _____

Lot Information: (Not required for siding job)

Lot No. _____ Subdivision _____

Zoning District GB Lot Size _____ ft. X _____ ft. Area _____ sq. ft.

Setbacks: Front _____ Right Side _____ Left Side _____ Rear _____

Work Information:

Residential General Repairs Commercial _____ Industrial _____

New Construction _____ Addition _____ Remodel _____

Accessory Building _____ Siding _____

Brief Description of Work:----- (Specific Type)

General Repairs

Size: Length _____ Width _____ No. of Stories 3 stories

Area: 1st Floor 685.41 sq. ft. Basement 110.5 sq. ft.

2nd Floor 332.66 sq. ft. Accessory Bldg. _____ sq. ft.

3rd Floor _____ sq. ft. Other _____ sq. ft.

Additional Information: General remodeling work, finish carpentry,

plumbing, electrical, re-connect gas furnace

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 Rox Bix

PERMIT NO.

PERMIT FEE \$ 9.00

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 Ron Birc Address 403 W. Front St

Electrical Contractor: Doing own work Telephone No. 599-9502

Address _____

General Contractor: Doing own work Telephone No. _____

Address _____

Location of Project 403 W. Front St. Cost of Project ?

Work Information:

Residential Commercial _____ Industrial _____

No. Units _____
New Service Change _____ Rewiring Additional Wiring _____

Brief Description of Work: Re-wire ENTIRE HOUSE, INSTALL NEW 100 AMP BREAKER PANEL

Size of proposed service entrance 100 AMP Number of new circuits 4

Type of proposed service entrance _____ Underground _____ Overhead

Require Temporary Electric NO (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. A.C. 210-8 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 _____ Applicant's Signature _____

344
9.00

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 Ron Burr Address 403 W. Front St

Contractor's Name SELF Address _____ Tel. 599-9802

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 FURNACE

Type - Gravity _____ Forced Radiant _____

No. of Thermostatical Heating Zone 1

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 120,000 Btu.

No. of Furnaces 1 No. of Hot Air Runs 6

No. of Hot Water Radiators _____ Type of Fuel GAS

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: _____

DATE _____ APPLICANT'S SIGNATURE Ron Burr
OWNER-CONTRACTOR-AGENT

PERMIT # 344

\$6.00

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

The undersigned hereby makes application for the installation or replacement of plumbing work as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Plumbing Codes. (1, 2 and 3 family dwelling units only).

Owner's Name Ron Birr Address 403 W Front

Plumbing Contractor DOING OWN work Telephone No. 599-9502

Address _____

General Contractor DOING IT OURSELVES OR OPEN Telephone No. _____

Address _____

Location of Project 403 W. Front ST Cost of Project UNKNOWN

Work Information:

No. of dwelling units _____ New _____ Replacement X Addition _____

Brief description of work: General Repairs, MOVE STOOL, SINK, AND TUB

Is water tap required Already in Size _____ Type of Pipe _____

Is sewer tap required yes Size _____ Type of Pipe 4" plastic

Type of Water Distribution pipe 1" Galvanized

Type of Drainage, Waste and Vent Pipe 4" PLASTIC

Size of main building drain 4" Size of main vent pipe _____

Water closets 3" Bathtubs 1 1 1/2" Shower 1 1 1/2"
No. Trap Size No. Trap Size

Lavatories 1 1 1/4" Kitchen Sink 1 1 1/2" Disposal _____
No. Trap Size No. Trap Size No. Trap Size

Dishwasher _____ Clothes Washer 1 2" Other _____
No. Trap Size No. Trap Size No. Trap Size

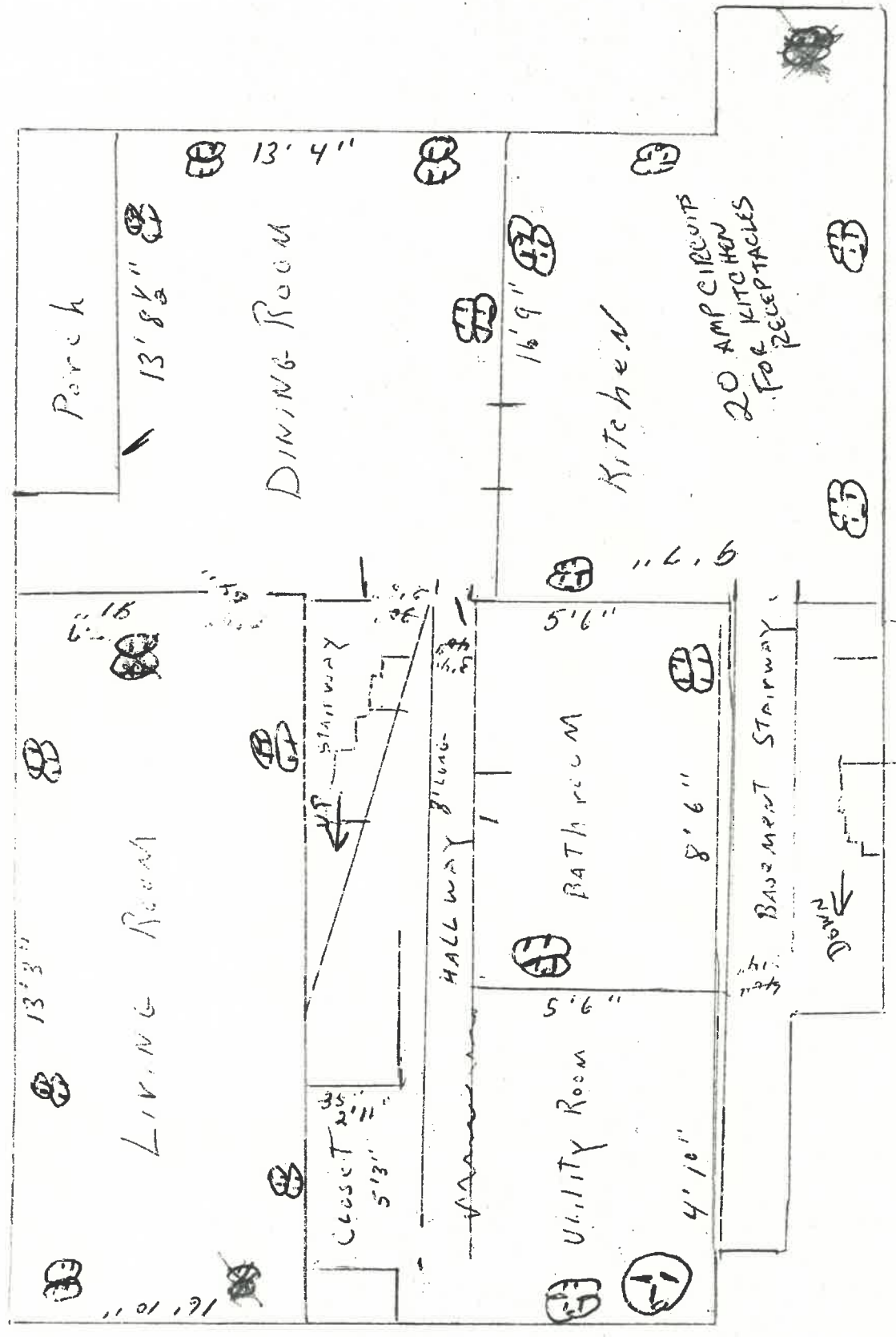
All installations are subject to plumbing tests and/or inspections.

Date 9-1-81 Applicant's Signature Ron Birr

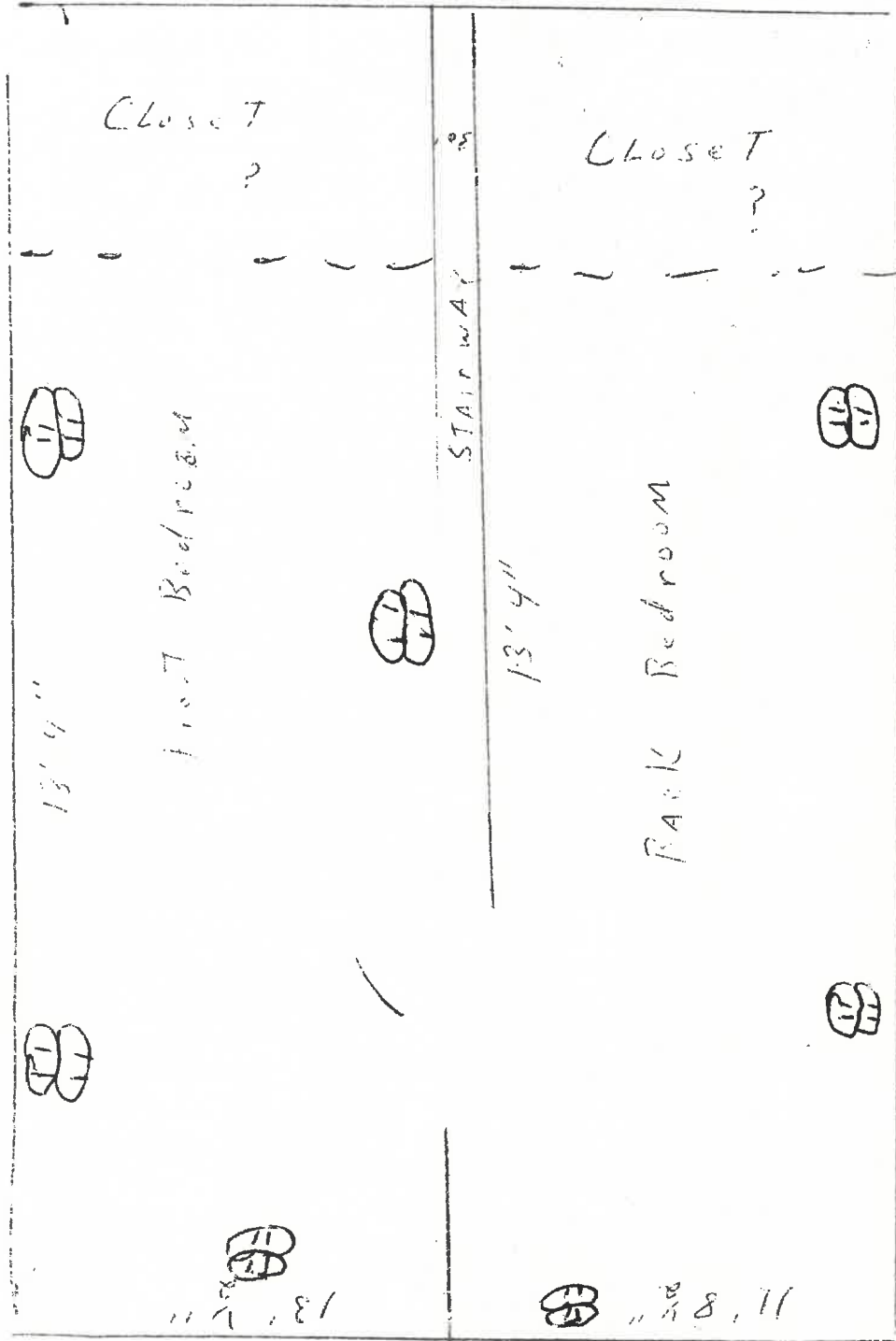
PERMIT NO. 344
 PERMIT FEE \$ 600

3 NEW TRAPS

Alco. Inc. Inc.
Parking Lot
403 First Street



403 Front Street



403 N. 7 STREET

