

PERMIT

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

Permit No. 161 Date 11-12-1980
 Job Location 856 W. Riverview Valuation \$ 4,980.00
 Owner Scott Kress Address 856 W. Riverview
 Contractor Therm-A-Side Telephone No. 242-3200
 Address 944 Hubble Rd. Monroe Mich.
 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 XX Commercial _____ Industrial _____
No. dwelling units
 New Construction _____ Addition _____ Remodel X
 Brief Description of Work Installing vinyl siding

ISSUED BY Richard S. Hayman DEPT. OF BUILDING & ZONING
Building Official BW,

NOV 12 1980
 CITY OF NAPOLEON

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	\$ <u>3.00</u>
Electrical Permit	\$ _____
Plumbing Permit	\$ _____
Mechanical Permit	\$ _____
Demolition Permit	\$ _____
Zoning Permit	\$ _____
Sign Permit	\$ _____
Water Tap	\$ _____
Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other	\$ _____
TOTAL FEES	\$ <u>3.00</u>
LESS FEES PAID	\$ <u>-0-</u>
BALANCE DUE	\$ <u>3.00</u>

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
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 856 W. Riverview Cost of project 4980⁰⁰
Owner's Name SCOTT KRESS Address 856 W. Riverview
Contractor Therm-A-Side Telephone No. 242-3200
Address 944 HUBBLE Rd. MONROE MISS 43615

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 P Commercial _____ Industrial _____
New Construction _____ Addition _____ Remodel X
Accessory Building _____ Siding Vinyl
(Specific Type)

Brief Description of Work: _____

Size: Length _____ Width _____ No. of Stories _____
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 11/2-80 Applicant's Signature Orson Joseph
Agent.

PERMIT NO. 161 3.8

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Building Official

PAID
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INSPECTION RECORD

UNDERGROUND		ROUGH-IN & FINA'			
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		FINAL APPROVAL
	Conduits & or Cable		Conduits/ Cable		Electric Mtr. Clearance
	Grounding & or Bonding		Service Panel		Signs
			Switchboard		
MECHANICAL			Subpanels		
	Refrigerant Piping		<input type="checkbox"/> Range <input type="checkbox"/> Dryer		FINAL APPROVAL
	Ducts/ Plenums		Refrigerant Piping		Duct Insulation
			Ventilation Supply		Chimney(s)
BUILDING			<input type="checkbox"/> Exhst.		Furnace(s)
	Location, Set-backs, Esmt(s)		Wall Construction		FINAL APPROVAL
	Excavation		Crawl Space		Fireplace Chimney
	Footings & Reinforcing		<input type="checkbox"/> Vent <input type="checkbox"/> Access		Attic <input type="checkbox"/> Vent <input type="checkbox"/> Access
		Sub-soil Drain	Floor System(s)		Special Insp Reports Rec'd
		Foundation Walls	Roof System		Smoke Detector
		Floor Slab	Fire Wall(s)		Demolition (sewer cap)
			Roof Cover/ Roof Drain		Building or Structure
FINAL APPROVAL BLDG. DEPT		Certificate of Occupancy Issued		# <i>JRC</i> 8-7-8	