

# PERMIT

**CITY OF NAPOLEON - BUILDING DEPARTMENT**  
 255 West Riverview Avenue, Napoleon, Ohio 43545 - 419-592-4010

Permit No. 01663 Issued 11-15-88  
date

Job Location 224 Rohrs St.  
address

Lot 37 Spring wells Add.  
sub-div or legal discript

Issued By Eldon Huber  
building official

Owner Sue Ann Harris  
name tel.

Address 224 Rohrs

Agent Starkweather & Sons  
builder-eng.-etc. 3-12159 S.R. 108

Address Wauseon Ohio

Description of Use Residence

Residential 1  
no. dwelling units

Commercial \_\_\_\_\_ Industrial \_\_\_\_\_

New \_\_\_\_\_ Add'n. \_\_\_\_\_ Alter \_\_\_\_\_ Remodel X

Mixed Occupancy \_\_\_\_\_

Change of Occupancy \_\_\_\_\_

Estimated Cost \$ 1360.00

### ZONING INFORMATION NA

district	lot dimensions	area	front yd	side yds	rear yd
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr

### WORK INFORMATION: NA

Size: Length \_\_\_\_\_ Width \_\_\_\_\_ Stories \_\_\_\_\_ Ground Floor Area \_\_\_\_\_

Height \_\_\_\_\_ Building Volume (for demo. permit) \_\_\_\_\_ cu. ft.

Electrical: NA  
brief description

Plumbing: NA  
brief description

Mechanical: NA  
brief description

Sign: NA Dimensions \_\_\_\_\_ Sign Area \_\_\_\_\_  
type

Additional Information: Replace existing with new roofing & partial sheathing, on flat roof areas only.

Date Nov 14 - 1988 Applicant Signature Sue Ann Harris  
owner-agent

FEES	BASE	PLUS	TOTAL
<input type="checkbox"/> BUILDING	9.00	9.00	18.00
<input type="checkbox"/> ELECTRICAL			
<input type="checkbox"/> PLUMBING			
<input type="checkbox"/> MECHANICAL			
<input type="checkbox"/> DEMOLITION			
<input type="checkbox"/> ZONING			
<input type="checkbox"/> SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			18.00
LESS MIN. FEES PAID _____ <small>date</small>			
BALANCE DUE.....			

**PAID**  
 NOV 14 1988



# PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

01663 255 West Riverview Avenue, Napoleon, Ohio 43545 - 419-592-4010

Permit No. [REDACTED] Issued \_\_\_\_\_ date \_\_\_\_\_

Job Location 224 ROHRS ST. address

Lot 37 SPRING WELLS ADD sub-div or legal descript

Issued By SA building official

Owner SUE ANN HARRI name tel \_\_\_\_\_

Address 224 ROHRS.

Agent STARBUCK & SONS builder-eng etc 3-12159 514 108 tel \_\_\_\_\_

Address DAVIS RD OHIO

Description of Use RESIDENCE

---

Residential ( no dwelling units

Commercial \_\_\_\_\_ Industrial \_\_\_\_\_

New \_\_\_\_\_ Add'n. \_\_\_\_\_ Alter \_\_\_\_\_ Remodel X

Mixed Occupancy \_\_\_\_\_

Change of Occupancy \_\_\_\_\_

Estimated Cost \$ 1360.00

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	7.00	9.00	18.00
<input type="checkbox"/> ELECTRICAL			
<input type="checkbox"/> PLUMBING			
<input type="checkbox"/> MECHANICAL			
<input type="checkbox"/> DEMOLITION			
<input type="checkbox"/> ZONING			
<input type="checkbox"/> SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			18.00
LESS MIN. FEES PAID _____			
BALANCE DUE.....			

### ZONING INFORMATION NA

district	lot dimensions	area	front yd	side yds	rear yd
<u>A</u>					
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr

**WORK INFORMATION:** NA

Size: Length \_\_\_\_\_ Width \_\_\_\_\_ Stories \_\_\_\_\_ Ground Floor Area \_\_\_\_\_

Height \_\_\_\_\_ Building Volume (for demo. permit) \_\_\_\_\_ cu. ft.

Electrical: NA brief description \_\_\_\_\_

Plumbing: NA brief description \_\_\_\_\_

Mechanical: NA brief description \_\_\_\_\_

Sign: NA Dimensions \_\_\_\_\_ Sign Area \_\_\_\_\_

Additional Information: REPLACE EXISTING WITH NEW ROOFING & PARTIAL SHEATHING ON FLAT ROOF AREAS ONLY

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

owner-agent



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 224 Robes Napoleon Cost of project \$2230.<sup>00</sup>  
Owner's Name Sue Ann Harris Address 224 Robes Napoleon  
Contractor Starkweather & Sons Telephone No. 337-2114  
Address 3-12159 SH 108

Lot Information: (Not required for siding job)  
Lot No. 37 Subdivision Springwell Addition  
Zoning District \_\_\_\_\_ 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 \_\_\_\_\_ (Specific Type)

Brief Description of Work: ---New roofing & sheeting---

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 \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

PERMIT NO. \_\_\_\_\_  
PERMIT FEE \$ \_\_\_\_\_

