

PERMIT
 CITY OF NAPOLEON, OHIO - BUILDING DEPARTMENT
 255 West Riverview Avenue, Napoleon, Ohio 43545 - (419) 592-4010

Permit No. 3952 Issued 06/25/96
 Job Location 1117 N. Scott St.
 Lot _____
 Issued by Brent N. Damman
 Owner Helen Knepley 592-5322
 Address 1117 N. Scott St.
 Agent Mike Austermiller 599-4296
 Address 1079 Dodd St.
 Use Type - Residential X
 Other - Describe _____
 No. Dwelling Units _____
 New _____ Replacement X
 Add'n. _____ Alter _____ Remodel _____
 Mixed Occupancy _____
 Change of Occupancy _____
 Estimated Cost \$ 5000.00

| FEES | BASE | PLUS | TOTAL |
|--|---------|----------|----------|
| <input checked="" type="checkbox"/> Building | \$ 9.00 | \$ 38.00 | \$ 47.00 |
| <input type="checkbox"/> Electrical | \$ | \$ | \$ |
| <input type="checkbox"/> Plumbing | \$ | \$ | \$ |
| <input type="checkbox"/> Mechanical | \$ | \$ | \$ |
| <input type="checkbox"/> Demolition | \$ | \$ | \$ |
| <input type="checkbox"/> Zoning | \$ | \$ | \$ |
| <input type="checkbox"/> Sign | \$ | \$ | \$ |
| <input type="checkbox"/> Water Tap | \$ | \$ | \$ |
| <input type="checkbox"/> Sew. Insp. | \$ | \$ | \$ |
| <input type="checkbox"/> Sewer Tap | \$ | \$ | \$ |
| <input type="checkbox"/> Temp. Water | \$ | \$ | \$ |
| <input type="checkbox"/> Temp. Elec. | \$ | \$ | \$ |
| TOTAL FEES..... | | | \$ 47.00 |
| LESS FEES PAID..... | | | \$ |
| BALANCE DUE..... | | | \$ |

ZONING INFORMATION

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

WORK INFORMATION

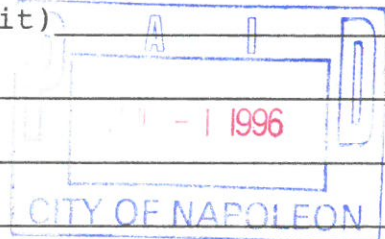
Size: Length _____ Width _____ Stories _____ Ground Floor Area 357 sq ft

Height _____ Building Volume (for Demo. Permit) _____

Electrical: _____

Plumbing: _____

Mechanical: _____



Additional Information: Remove existing porch post flooring & floor joists, replace all with treated wood.

Date 6-28-96 Applicant Signature Mike Austermiller

APPLICATION FOR
 Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit
FROM - The City of Napoleon, Ohio, Building Department
 255 West Riverview Avenue; P.O. Box 151; Napoleon, Ohio 43545 - Telephone (419) 592-4010

ENTRY NO. _____
 PERMIT NO. 3952 ISSUED 6-25-96
 JOB LOCATION 1117 Scott St.
 LOT _____
 (Subdivision or Legal Description)

ISSUED BY [Signature]
 (Building Official)

OWNER Helen Knepley PHONE 592-5322
 ADDRESS 1117 Scott St. Napoleon, Ohio

AGENT Mike Auster Miller PHONE 599-4296
 ADDRESS 1079 DODD St. Napoleon.

USE: Residential Commercial Industrial
 Other _____

WORK: New Addition Replacement Remodel

ESTIMATED COST = \$ 5,000.00

| | Base | Plus | Total |
|--|----------|----------|----------|
| <input checked="" type="checkbox"/> Building | \$ 9.00 | \$ 38.00 | \$ 47.00 |
| <input type="checkbox"/> Electrical | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Plumbing | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Mechanical | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Demolition | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Zoning | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Sign | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Water Tap | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Sewer Tap | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Temp Water | \$ _____ | \$ _____ | \$ _____ |
| <input type="checkbox"/> Temp Elec. | \$ _____ | \$ _____ | \$ _____ |

Additional Structure _____ Hours _____
 Plan Review: Electric _____ Hours _____

TOTAL FEES \$ 47.00
 Less Fees Paid \$ _____
 BALANCE DUE \$ _____

ZONING INFORMATION

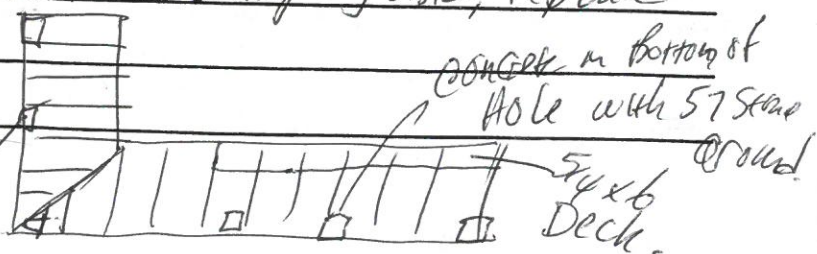
| District | Lot Dimensions | Area | Front Yard | Side Yard | Rear Yard |
|----------|----------------|------|------------|-----------|-----------|
| | | | | | |

| Max Height | No. Pkg. Spaces | No. Ldg. Spaces | Max Cover | Petition or Appeal Required-Date |
|------------|-----------------|-----------------|-----------|----------------------------------|
| | | | | |

WORK INFORMATION

Building: Ground Floor Area 357 sq. ft. Basement Floor Area _____ sq. ft.
 Garage Floor Area _____ sq. ft. 2nd Floor Area _____ sq. ft. Other _____ sq. ft.
 Size: Length _____ Width _____ Stories _____ Height _____
 Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: Remove existing porch Post, Flooring & joists, replace all with treated wood.
Rebuild Porch - type this only
2x8-8 Floor joists
2x2 Radaq Spindles 6x6 Posts



CONCRETE in Bottom of Hole with 57 Stone @ base
 5x6 Deck

ELECTRICAL: Contractor _____ Phone _____

Address _____ ESTIMATED COST = \$ _____

Type of Work: ()New ()Service Change ()Rewiring ()Add'l Wiring TEMPORARY ELEC. REQUIRED - ()Yes ()No

Size of Service _____ Underground _____ Overhead _____ Number of New Circuits _____

Description of Work: _____

PLUMBING: Contractor _____ Phone _____

Address _____ ESTIMATED COST = \$ _____

WATER TAP REQUIRED - ()Yes ()No Size _____ Type of Pipe _____ Water Dist. Pipe _____

SANITARY SEWER TAP REQUIRED - ()Yes ()No Size _____ Type of Pipe _____ Dr. Waste Vt. Pipe _____

STREET SEWER TAP REQUIRED - ()Yes ()No 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 = _____

Clothes Washer = _____ Floor Drains = _____ Dishwasher = _____ Other _____ Total = _____

Description of Work: _____

MECHANICAL: Contractor _____ Phone _____

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 _____

NUMBER OF HEAT ZONES = _____ HOT WATER - ()One (1) Pipe ()Two (2) Pipes ()Series Loop

ELECTRIC HEAT - Number of Circuits _____ Number of Furnaces _____ Number of Hot Air Runs _____

Number of Hot Water Radiators _____ Total Heat Loss _____ Rated Capacity of Furnace/Boiler _____

LOCATION OF HEATING UNITS - ()Crawl Space ()Floor Level ()Attic ()Suspended ()Roof ()Outside

Description of Work: _____

DRAWINGS REQUIRED: All applications must be accompanied by two (2) complete sets of Drawings including Site Plans, Foundation Plans, Floor Plans, Structural Framing Plans, Exterior Elevations, Section and Details, Stair Details, Electrical Layout, Plumbing Isometric, Heating Layout, etc. All Plans shall be drawn to scale, show all existing structure on the Site Plans, and 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 Department Rules and Regulations, Standard Specifications and other pertinent sections of the Napoleon Code of Ordinances.

Signature of Applicant *Mike Astorvalle* Date 6-24-86