

PERMIT

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

Permit No. 31-79 Issued 4-2-79
date

Job Location 1255 N. Scott Street
address

Lot in NE 1/4 Sec. 14 Nap. Twp.
sub-div or legal discript

Issued By *R.E. Johnson*
building official

Owner Chief's Supermarket
name tel.

Address 1255 N. Scott Street Nap, Ohio

Agent Arco, Inc. 531-3521
builder-eng.-etc. tel.

Address P.O. Box 6160 Toledo, Ohio

Description of Use Supermarket

Residential _____
no. dwelling units

Commercial XXX Industrial _____

New _____ Add'n. _____ Alter _____ Remodel XXX

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 90,000.00

| FEES | BASE | PLUS | TOTAL |
|----------------------------------------------------------|-------------------------|----------|----------|
| <input checked="" type="checkbox"/> BUILDING | \$ 35.00 | \$229.20 | \$264.20 |
| <input checked="" type="checkbox"/> ELECTRICAL | 18.00 | 76.40 | 94.40 |
| <input type="checkbox"/> PLUMBING | | | |
| <input checked="" type="checkbox"/> MECHANICAL | 0 | | 0 |
| <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..... | | | \$358.60 |
| LESS MIN. FEES PAID <u>4-1-79</u> <small>date</small> | | | 94.40 |
| BALANCE DUE..... | | | \$264.20 |

ZONING INFORMATION

| 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:

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

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

Electrical: Adding new lights and Compressors.
brief description

Plumbing: _____
brief description

Mechanical: As per Plans.
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

Additional Information: _____

Date 4/3/79 Applicant Signature *R.E. Johnson*
owner-agent

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 | | |
| ELECTRICAL | Conduits & or Cable | | Conduits/ Cable | | | <input type="checkbox"/> Range <input type="checkbox"/> Dryer | | | Temp Service Temp Lighting | | |
| | Grounding & or Bonding | | Rough Wiring | | <i>4-5-79</i> | <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 | | <i>7/7/79 D.L.</i> |
| BUILDING | Location, Set-backs, Esmt(s) | | Exterior Wall Construction | | | Roof Covering Roof Drainage | | | Smoke Detector | | |
| | Excavation | | | | | Exterior Lath | | | Demolition (sewer cap) | | |
| | Footings & Reinforcing | | | | | <input type="checkbox"/> Interior Lath <input type="checkbox"/> Wallboard | | | | | |
| | Floor Slab | | Interior Wall Construction | | | Fire Wall(s) | | | Building or Structure | | |
| | Foundation Walls | | Columns & Supports | | | Fireplace Chimney | | | | | |
| | Sub-soil Drain | | Crawl Space <input type="checkbox"/> Vent <input type="checkbox"/> Access | | | Attic <input type="checkbox"/> Vent <input type="checkbox"/> Access | | | | | |
| | Piles | | Floor System(s) | | | | | | FINAL APPROVAL BLDG. DEPT. | | <i>7/9/79 D.L.</i> |
| | | Roof System | | | Special Insp Reports Rec'd | | | Certificate of Occupancy Issued | | | |
| ADDITIONAL | INSPECTIONS, CORRECTIONS, ETC. | | | | | INSPECTIONS, CORRECTIONS, ETC. | | | | | |
| | <i>Checked - Comp Rm - Deli area - Loads - 4-5-79 - 2 - previous stops.</i> | | | | | | | | | | |
| | | | | | | | | | | | |

191 x 1.20 = 229.20 + \$35.00 = TOTAL 264.20

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.

Owner's Name Chief's Supermarket Address 1255 N. Scott St.

Contractor Arco, Inc. Telephone No. 419-531-3521

Address P.O. Box 6160 Toledo, Ohio 43614

Location of project 1255 N. Scott St. Cost of project \$90,000

Lot Information: (not required for siding job)

Lot No. _____ Subdivision _____

Zoning District _____ Lot Size 250 ft. X 523 ft. Area 130,750 sq. ft.

Setbacks: Front 69.5' Right Side 12' Left Side 125' Rear 300'+

Building Information:

Residential _____ Commercial Industrial _____
No. Units _____

Addition _____ New Construction _____ Remodel

Accessory Building _____ Siding _____

Brief Description of Work: Interior alterations to existing building as shown on plans.
Specific Type _____

Size: Length _____ Width _____ No. of Stories _____

Area: 1st Floor _____ sq. ft. Basement _____ sq. ft.

2nd Floor _____ sq. ft. Accessory Building _____ 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 3/29/79 Applicant's Signature Arco, Inc. / H.C. DeBolt

PERMIT NO. 31-79
PERMIT FEE \$ 264.20

Pres. Arco, Inc.
Tom Archambault.

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 Chief Market Address 1255 Scott St.
Electrical Contractor LAIBE ELECTRIC Telephone No. 246-0501
Address 345 Garland Ave., Toledo Ohio 43609
General Contractor ARCO INC Telephone No. 531-3521
Address 3254 Hill Ave Toledo, O 43614
Location of Project _____ Cost of Project 100,000 ?

Work Information:

Residential _____ Commercial X Industrial _____
No. Units _____
New _____ Service Change _____ Rewiring X Additional Wiring X

Brief Description of Work: Remodel, add 56 H.P. of Refery,
14 New 2X4 bay in Fixtures, complete new deli

Total Floor Area - Commercial and Industrial only 19,040 sq. ft.

Size of proposed Service Entrance No Change Number of new circuits 50

Require Temporary Electric No (Yes or No)

Additional Information (Deli Load - 175 Amps connected)

*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. Art. 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 Mar 26, 79 Applicant's Signature Tom Bettinger
Saibe Electric

18.00
76.40
94.40

76.40
18.00
94.40

PERMIT NUMBER

PERMIT FEE \$ 94.40

CITY OF NAPOLEON

Engineering Department

ELECTRICAL INSPECTION FIELD REPORT

255 Riverview Avenue Napoleon, Ohio 43545

(Please Print or Type)

Project Name *Chief Super Mkt.*

Address

City State

Approved

Violation

Electrical Contractor

Remarks:

Code Reference

Looks OK

REMARKS

(1) Front canopy UNDER const.

(2) - Deli Comp. " "

(3) - New meat cases IN PLACE & WIRED.

(4) Re circuitry of Strip Ltc. in GEN. MECH. AREA.

Compliance Time

Inspectors Signature *M. Howes*

Copies To:

CITY OF NAPOLEON

Engineering Department

ELECTRICAL INSPECTION FIELD REPORT

255 Riverview Avenue Napoleon, Ohio 43545

(Please Print or Type)

Date

Permit No. 31-79

Type of Inspection FINAL

Type of Occupancy

Project Name CHIEF SUPERMARKET

Address 1255 N. SCOTT ST

City NAP. State OHIO

Approved [checkmark]

Violation

Electrical Contractor ARCO, INC.

Remarks:

Code Reference

NORM: CHECK FOR FINAL

Final 7-7-79 NH

Compliance Time

Inspectors Signature [Signature]

Copies To:

ELECTRICAL INSPECTION FIELD REPORT

255 Review Avenue Napolson, Ohio 45545
(Please Print or Type)

Project Name: CHIEF ENGINEER
Address: 1387 N. DOTT ST
City: WPA State: OHIO

Approved: _____

Inspector: _____

Remarks: _____

REMARKS: CHECK FOR EARTH
GROUNDING - 10/11/44

Code Reference

Electrical Contractor: WPA

Date: _____

Permit No. _____

Type of Inspection: Final

Type of Occupancy: _____

Compliance Time _____

Copies To: _____

Inspector's Signature _____