

PERMIT

CITY OF NAPOLEON, OHIO — DEPT. OF BUILDING & ZONING

255 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 592-4010

Permit No. 0993 Date March 19, 1985

Job Location 1445 N. Scott Valuation \$ 1,000.00
Address

Owner Dunn & Lytle Address 1445 N. Scott
Name

Contractor Napoleon Lumber Telephone No. 592-7796
 Address 1445 N. Scott

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 _____ Commercial _____ Industrial XXXXX
No. dwelling units

New Construction _____ Addition _____ Remodel XXXXX

Brief Description of Work Add gable ends

ISSUED BY Richard G. Layman DEPT. OF BUILDING & ZONING
Building Official

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.
- XXXX Final building inspection, prior to occupancy.

PERMIT & FEES

Building Permit	\$ <u>35.00</u>
Electrical Permit	\$ _____
Plumbing Permit	\$ _____
Mechanical Permit	\$ _____
Demolition Permit	\$ _____
Zoning Permit	\$ _____
Sign Permit	\$ _____
Water Tap	\$ _____
Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other _____	\$ _____
TOTAL FEES	\$ <u>35.00</u>
LESS FEES PAID	\$ <u>-0-</u>
BALANCE DUE	\$ <u>35.00</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.

PAID
MAR 19 1985
CITY OF NAPOLEON

PERMIT
 CITY OF NAPOLEON OHIO — DEPT. OF BUILDING & ZONING
 252 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 392-4010

La. 0993

Permit No. _____
 Job Location _____
 Owner _____
 Contractor _____
 Address _____
 Telephone No. _____
 Valuation \$ _____
 Date _____

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 New Construction _____ Addition _____ Rerobed _____
 Chief Description of Work _____

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Other	\$ _____
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LESS FEES PAID	\$ _____
BALANCE DUE	\$ _____

PAID
 MAR 1 9 1982
 CITY OF NAPOLEON

PERMIT

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

Permit No. 6993 Date March 19, 1985
Job Location 1445 N. Scott Valuation \$ 1,000.00
Owner Dunn & Lytle Address 1445 N. Scott
Contractor Napoleon Lumber Telephone No. 592-7794
Address 1445 N. Scott

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Plumbing Contractor _____
Mechanical Contractor _____

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Work Information:
Residential _____ Commercial _____ Industrial XXXX
New Construction _____ Addition _____ Remodel XXXX
Brief Description of Work Add cable ends

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PAID
MAR 19 1985
CITY OF NAPOLEON

INSPECTION RECORD

UNDERGROUND			ROUGH-IN			FINAL		
Type	Date	By	Type	Date	By	Type	Date	By
PLUMBING								
Sewer Connection			Drainage, W. & Vent			Drainage, W. & Vent		
Building Sewer			Water Piping			Water Heater		
Water Piping			Condensate Lines			Backflow Prevention		
			Indirect Waste					
						FINAL APPROVAL		
ELECTRICAL								
Floor Ducts Raceways			Rough Wiring			Electric Mtr. Clearance		
Conduits & Cable			Conduits/Cable			Signs		
Grounding & Bonding			Service Panel Switchboard					
			Subpanels					
			<input type="checkbox"/> Range <input type="checkbox"/> Dryer			FINAL APPROVAL		
MECHANICAL								
Refrigerant Piping			Refrigerant Piping			Duct Insulation		
Ducts/Plenums			Ducts/Plenums			Chimney(s)		
			Ventilation <input type="checkbox"/> Supply <input type="checkbox"/> Exhst.			Furnace(s)		
						FINAL APPROVAL		
BUILDING								
Location, Set-backs, Esmt(s)			Wall Construction			Fireplace Chimney		
Excavation			Crawl Space <input type="checkbox"/> Vent <input type="checkbox"/> Access			Attic <input type="checkbox"/> Vent <input type="checkbox"/> Access		
Footings & Reinforcing			Floor System(s)			Special Insp Reports Rec'd		
Sub-soil Drain			Roof System			Smoke Detector		
Foundation Walls			Fire Wall(s)			Demolition (sewer cap)		
Floor Slab			Roof Cover Roof Drain			Building or Structure		
FINAL APPROVAL BLDG. DEPT			Certificate of Occupancy Issued			#		

PAID
 MAR 1 9 1985
 CITY OF WASHINGTON

BALANCE DUE \$
 LESS FEES PAID \$
 TOTAL FEES \$
 Other
 Tank Elec
 Sewer Tap
 Water Tap
 Sign Permit
 Zoning Permit
 Operation Permit
 Mechanical Permit
 Plumbing Permit
 Electrical Permit
 Building Permit
 PERMIT & FEES

If the owner or contractor is not responsible for the work, the City of Washington Building Department will not accept the following (a) inspection fee
 (b) inspection fee
 (c) inspection fee
 (d) inspection fee
 (e) inspection fee
 (f) inspection fee
 (g) inspection fee
 (h) inspection fee
 (i) inspection fee
 (j) inspection fee
 (k) inspection fee
 (l) inspection fee
 (m) inspection fee
 (n) inspection fee
 (o) inspection fee
 (p) inspection fee
 (q) inspection fee
 (r) inspection fee
 (s) inspection fee
 (t) inspection fee
 (u) inspection fee
 (v) inspection fee
 (w) inspection fee
 (x) inspection fee
 (y) inspection fee
 (z) inspection fee

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 NORTH SCOTT ST. Cost of project \$1,000.00

Owner's Name DUNN AND LYTLE Address NORTH SCOTT STREET

Contractor NAPOLEON LUMBER COMPANY Telephone No. 419 592 7796 (DOLL)

Address NORTH SCOTT STREET NAPOLEON OHIO 43545

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 _____ Commercial X Industrial _____

New Construction _____ Addition _____ Remodel _____

Accessory Building _____ Siding ALUMINUM VINYL
(Specific Type)

Brief Description of Work:----- ONE GABLE END ON BUILDING AND 2' ON EACH SIDE OF BUILDING.

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 March 19-85 Applicant's Signature Robert R. Lange

PERMIT NO. 0993

PERMIT FEE \$ 35.00

