

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

| Permit No. <u>3533</u> Issued <u>05/12/95</u> Job Location <u>777 N. Scott</u> Lot _____ Issued by <u>Brent N. Damman</u> Owner <u>The Sterling Milk Company</u> Address <u>777 N. Scott St.</u> <u>592-7127</u> Agent <u>Same</u> Address _____ Use Type - Residential _____ Other - Describe <u>Commercial</u> No. Dwelling Units _____ New _____ Replacement _____ Add'n. _____ Alter _____ Remodel _____ Mixed Occupancy _____ Change of Occupancy _____ Estimated Cost \$ _____ | <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">FEES</th> <th style="text-align: right;">BASE</th> <th style="text-align: right;">PLUS</th> <th style="text-align: right;">TOTAL</th> </tr> <tr> <td><input type="checkbox"/> Building</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Electrical</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Plumbing</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Mechanical</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Demolition</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Zoning</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Sign</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Water Tap</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Sew. Insp.</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Sewer Tap</td> <td style="text-align: right;">\$ <u>100.00</u></td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ <u>100.00</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Temp. Water</td> <td style="text-align: right;">\$ <u>5.00</u></td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ <u>5.00</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Temp. Elec.</td> <td style="text-align: right;">\$ <u>10.00</u></td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ <u>10.00</u></td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL FEES.....</td> <td style="text-align: right;">\$ <u>115.00</u></td> </tr> <tr> <td colspan="3" style="text-align: right;">LESS FEES PAID.....</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="3" style="text-align: right;">BALANCE DUE.....</td> <td style="text-align: right;">\$ _____</td> </tr> </table> | FEES | BASE | PLUS | TOTAL | <input type="checkbox"/> Building | \$ _____ | \$ _____ | \$ _____ | <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 checked="" type="checkbox"/> Sewer Tap | \$ <u>100.00</u> | \$ _____ | \$ <u>100.00</u> | <input checked="" type="checkbox"/> Temp. Water | \$ <u>5.00</u> | \$ _____ | \$ <u>5.00</u> | <input checked="" type="checkbox"/> Temp. Elec. | \$ <u>10.00</u> | \$ _____ | \$ <u>10.00</u> | TOTAL FEES..... | | | \$ <u>115.00</u> | LESS FEES PAID..... | | | \$ _____ | BALANCE DUE..... | | | \$ _____ |
|---|--|----------|------------------|------|-------|-----------------------------------|----------|----------|----------|-------------------------------------|----------|----------|----------|-----------------------------------|----------|----------|----------|-------------------------------------|----------|----------|----------|-------------------------------------|----------|----------|----------|---------------------------------|----------|----------|----------|-------------------------------|----------|----------|----------|------------------------------------|----------|----------|----------|-------------------------------------|----------|----------|----------|---|------------------|----------|------------------|---|----------------|----------|----------------|---|-----------------|----------|-----------------|-----------------|--|--|------------------|---------------------|--|--|----------|------------------|--|--|----------|
| FEES | BASE | PLUS | TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Building | \$ _____ | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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 checked="" type="checkbox"/> Sewer Tap | \$ <u>100.00</u> | \$ _____ | \$ <u>100.00</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Temp. Water | \$ <u>5.00</u> | \$ _____ | \$ <u>5.00</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Temp. Elec. | \$ <u>10.00</u> | \$ _____ | \$ <u>10.00</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FEES..... | | | \$ <u>115.00</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 _____
 Height _____ Building Volume (for Demo. Permit) _____

Electrical: _____
 Plumbing: _____
 Mechanical: _____

PAID
 JUN 13 1995
 CITY OF NAPOLEON

Additional Information: New Convenience Store

Date 5/12/95 Applicant Signature _____

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. 3533 ISSUED 5-12-95

JOB LOCATION 777 N. Scott

LOT _____
(Subdivision or Legal Description)

ISSUED BY BND
(Building Official)

OWNER The Sterling Milk Co PHONE 592 7127

ADDRESS 777 N. Scott

AGENT same PHONE _____

ADDRESS _____

USE: () Residential (X) Commercial () Industrial
() Other _____

WORK: () New () Addition () Replacement () Remodel

ESTIMATED COST = \$ _____

| | Base | Plus | Total |
|-----------------------|------------------|-------------|------------------|
| () Building | \$ _____ | \$ _____ | \$ _____ |
| () Electrical | \$ _____ | \$ _____ | \$ _____ |
| () Plumbing | \$ _____ | \$ _____ | \$ _____ |
| () Mechanical | \$ _____ | \$ _____ | \$ _____ |
| () Demolition | \$ _____ | \$ _____ | \$ _____ |
| () Zoning | \$ _____ | \$ _____ | \$ _____ |
| () Sign | \$ _____ | \$ _____ | \$ _____ |
| () Water Tap | \$ _____ | \$ _____ | \$ _____ |
| (X) Sewer Tap | \$ <u>100.00</u> | \$ _____ | \$ <u>100.00</u> |
| (X) Temp Water | \$ <u>5.00</u> | \$ _____ | \$ <u>5.00</u> |
| (X) Temp Elec. | \$ <u>10.00</u> | \$ _____ | \$ <u>10.00</u> |
| Additional Structure | _____ | Hours _____ | |
| Plan Review: Electric | _____ | Hours _____ | |

TOTAL FEES \$ 115.00
 Less Fees Paid \$ _____
 BALANCE DUE \$ 115.00

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 _____ 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: New convenience store

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 _____ Date _____

METER YOKE RELEASE

This document is for the release of **one (1)** Water Meter Yoke for Residential water service lines.

RELEASE NO. 145

PERMIT NO. 3533 ISSUED 5-12-95

JOB LOCATION 777 N. Scott

- Inside City Limits () - Outside City Limits

ISSUED BY BND

OWNER The Sterling Milk Co.

ADDRESS 777 N. Scott

CONTRACTOR same

ADDRESS _____

CONTRACTOR'S PHONE NO. 592-7127

WATER TAP SIZE: = 1" () = 1-1/2" () = 2"

WATER METER s# _____

- New Dwelling () - Existing Dwelling
structure

() - Lawn Meter

Water Service Line to be Type (K) Copper or (CTS) Polyethelene Tubing of one inch (1") minimum.

Watts No. 7 Dual check required = Yes () = No

Water Meter Yoke installation is subject to the following conditions:

- 1.) Must be located in an accessible area.
- 2.) Must be in an area not subject to freezing temperatures.
- 3.) Must be eighteen inches (18") above floor level, **not in crawl spaces.**
- 4.) Must comply with the mounting criteria and clearances as set forth in **DRAWING #04403901.**

