

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

| Permit No. <u>2705</u> Issued <u>7-14-92</u> Job Location <u>1025 N. Sheffield</u> Lot _____ Issued by <u>Brent N. Damman</u> Owner <u>Ralph Steele</u> <u>599-1431</u> Address <u>1025 N. Sheffield, Napoleon</u> Ohio Agent <u>Bostelman Electric</u> <u>599-3410</u> Address <u>232 Rohrs St., Napoleon, OH</u> Use Type - Residential <u>x</u> Other - Describe _____ No. Dwelling Units <u>1</u> New _____ Replacement _____ Add'n. _____ Alter _____ Remodel _____ Mixed Occupancy _____ Change of Occupancy _____ Estimated Cost \$ <u>400.00</u> | <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 checked="" type="checkbox"/> Electrical</td> <td style="text-align: right;">\$ 15.00</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ 15.00</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 type="checkbox"/> Sewer 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"/> Temp. Water</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"/> Temp. Elec.</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL FEES.....</td> <td style="text-align: right;">\$ 15.00</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;">\$ 15.00</td> </tr> </table> | FEES | BASE | PLUS | TOTAL | <input type="checkbox"/> Building | \$ _____ | \$ _____ | \$ _____ | <input checked="" type="checkbox"/> Electrical | \$ 15.00 | \$ _____ | \$ 15.00 | <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..... | | | \$ 15.00 | LESS FEES PAID..... | | | \$ _____ | BALANCE DUE..... | | | \$ 15.00 |
|--|--|----------|----------|------|-------|-----------------------------------|----------|----------|----------|--|----------|----------|----------|-----------------------------------|----------|----------|----------|-------------------------------------|----------|----------|----------|-------------------------------------|----------|----------|----------|---------------------------------|----------|----------|----------|-------------------------------|----------|----------|----------|------------------------------------|----------|----------|----------|-------------------------------------|----------|----------|----------|------------------------------------|----------|----------|----------|--------------------------------------|----------|----------|----------|--------------------------------------|----------|----------|----------|-----------------|--|--|----------|---------------------|--|--|----------|------------------|--|--|----------|
| FEES | BASE | PLUS | TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Building | \$ _____ | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Electrical | \$ 15.00 | \$ _____ | \$ 15.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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..... | | | \$ 15.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LESS FEES PAID..... | | | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BALANCE DUE..... | | | \$ 15.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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: 100 amp service change.

Plumbing: _____

Mechanical: _____

Additional Information: _____

PAID
 AUG 12 1992
 CITY OF NAPOLEON

Date 7-14-92 Applicant Signature *[Signature]*

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 | | | <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 | | |
| 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. | | |
| | PAID | | | Roof System | | | Special Insp Reports Rec'd | | | Certificate of Occupancy Issued | | |
| ADDITIONAL | INSPECTIONS, CORRECTIONS, ETC. | | | | | | INSPECTIONS, CORRECTIONS, ETC. | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

**APPLICATION FOR
Residential Building, Electrical, Plumbing, Mechanical & Demolition Permits
from the
CITY OF NAPOLEON - BUILDING DEPARTMENT
255 West Riverview Ave., Napoleon, Ohio 43545 (419) 592-4010**

PERMIT NO. 2705 ISSUED 7-14-92

JOB LOCATION 1025 N. Sheffield

LOT _____ SUB-DIV _____

ISSUED BY BND

OWNER Ralph Steele PN 599-1431

ADDRESS 1025 N. Sheffield

AGENT Boolelone Electric PN 599-3410

ADDRESS 232 Pokro St

DESCRIPTION OF USE:
 RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____
 _____ NEW _____ ADDITION _____ ALTER _____ REMODEL _____

MIXED OCCUPANCY _____

CHANGE OF OCCUPANCY _____

ESTIMATED COST \$ 400.00

ZONING INFORMATION:

| | Base | Plus | Total |
|--|-----------------|----------|-----------------|
| <input type="checkbox"/> Building | \$ _____ | \$ _____ | \$ _____ |
| <input checked="" type="checkbox"/> Electrical | \$ <u>15.00</u> | \$ _____ | \$ <u>15.00</u> |
| <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 | \$ _____ | \$ _____ | \$ _____ |
| Total Fees | | | \$ <u>15.00</u> |
| Less Fees Paid | | | \$ _____ |
| BALANCE DUE | | | \$ <u>15.00</u> |

| District | Lot Dimensions | Area | Front Yard | Side Yard | Rear Yard |
|----------|----------------|----------------|------------|--------------------------------------|-----------|
| Max Hgt | No. Pkg Spaces | No. Ldg Spaces | Max Cover | Petition or Appeal Required and Date | |

WORK INFORMATION:

Building: Garage Floor Area _____ Basement Floor Area _____ Second Floor Area _____

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

Building Volume (for Demolition Permit) _____ cu. ft.

DESCRIPTION OF WORK: 100 amp Service Change

PAID
AUG 12 1992
CITY OF NAPOLEON

ELECTRICAL: Electrical Contractor Boedelmann Electric Phone 599-3416

Address 232 Rabe St Estimated Cost: \$ 400.00

Type of Work: New Service Change Rewiring Add'l Wiring Temp Elec Req.: Yes No

Size of Service 100 amp Underground Overhead No. of New Circuits None

Description of Work: rework entrance

PLUMBING: Plumbing Contractor _____ Phone _____

Address _____ Estimated Cost: \$ _____

Water Tap Req.: Yes No Size _____ Type of Pipe _____ Water Dist. Pipe _____

San. Sewer Tap Req.: Yes No Size _____ Type of Pipe _____ Dr. Waste Vt. Pipe _____

St. Sewer Tap Req.: Yes No Size _____ 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 _____ Dishwasher _____

Clothes Washer _____ Floor Drains _____ Other (Fixtures/Type) _____

Description of Work: _____

MECHANICAL: 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

No. of Heat Zones: _____ Hot Water: (One Pipe Two Pipe Series Loop)

Electric Heat: (No. of Circuits _____) No. of Furnaces _____ No. of Hot Air Runs _____

No. 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 also, 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.

Dated _____ Signature of Applicant _____