

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

Permit No. <u>3721</u> Issued <u>10/18/95</u> Job Location <u>1057 N. Sheffield Ave.</u> Lot _____ Issued by <u>Brent N. Damman</u> Owner <u>Larry Farquharson 599-8857</u> Address <u>1057 Sheffield N.</u> Agent <u>Remodeling Center 592-7300</u> Address <u>132 W. Washington</u> Use Type - Residential <u> X </u> Other - Describe _____ No. Dwelling Units _____ New _____ Replacement _____ Add'n. <u> </u> Alter <u> </u> Remodel <u> X </u> Fixed Occupancy _____ Change of Occupancy _____ Estimated Cost \$ <u>700.00</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 checked="" type="checkbox"/> Building</td> <td style="text-align: right;">\$ 9.00</td> <td style="text-align: right;">\$ 9.00</td> <td style="text-align: right;">\$ 18.00</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 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;">\$ 18.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">LESS FEES PAID.....</td> <td style="text-align: right;">\$ 18.00</td> </tr> <tr> <td colspan="3" style="text-align: right;">BALANCE DUE.....</td> <td style="text-align: right;">\$ -0-</td> </tr> </table>	FEES	BASE	PLUS	TOTAL	<input checked="" type="checkbox"/> Building	\$ 9.00	\$ 9.00	\$ 18.00	<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.....			\$ 18.00	LESS FEES PAID.....			\$ 18.00	BALANCE DUE.....			\$ -0-
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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

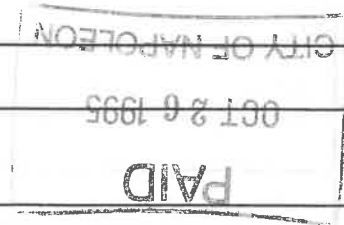
WORK INFORMATION

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____
 Height _____ Building Volume (for Demo. Permit) _____

Electrical: _____
 Plumbing: _____
 Mechanical: _____

Additional Information: Vinyl siding on shed

Date _____ 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. _____			<u>Base</u>	<u>Plus</u>	<u>Total</u>
PERMIT NO. <u>3721</u> <u>3715</u>	ISSUED <u>10-18-95</u>	<input checked="" type="checkbox"/> Building	\$ <u>9.00</u>	\$ <u>9.00</u>	\$ <u>18.00</u>
JOB LOCATION <u>1057 N. Sheffield Ave.</u>		<input type="checkbox"/> Electrical	\$ _____	\$ _____	\$ _____
LOT _____	(Subdivision or Legal Description)	<input type="checkbox"/> Plumbing	\$ _____	\$ _____	\$ _____
ISSUED BY <u>BMD</u>	(Building Official)	<input type="checkbox"/> Mechanical	\$ _____	\$ _____	\$ _____
OWNER <u>Larry Farguhanson</u>	PHONE <u>599-8857</u>	<input type="checkbox"/> Demolition	\$ _____	\$ _____	\$ _____
ADDRESS <u>1057 N. Sheffield Ave.</u>		<input type="checkbox"/> Zoning	\$ _____	\$ _____	\$ _____
AGENT <u>Remodeling Center</u>	PHONE <u>592-7300</u>	<input type="checkbox"/> Sign	\$ _____	\$ _____	\$ _____
ADDRESS <u>132 W. Washington Way</u>		<input type="checkbox"/> Water Tap	\$ _____	\$ _____	\$ _____
USE: <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial		<input type="checkbox"/> Sewer Tap	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Other _____		<input type="checkbox"/> Temp Water	\$ _____	\$ _____	\$ _____
WORK: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Remodel		<input type="checkbox"/> Temp Elec.	\$ _____	\$ _____	\$ _____
ESTIMATED COST = \$ <u>700.00</u>		Additional Structure _____ Hours _____			
		Plan Review: Electric _____ Hours _____			

TOTAL FEES \$ 18.00
 Less Fees Paid \$ _____
 BALANCE DUE \$ 18.00

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

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: Single siding on shed.

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 _____