

PERMIT

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

Permit No. 01528 Issued 4-18-88
date
 Job Location 1072 Stevenson Street
address
 Lot 31 Mary Dodd's 2nd Add.
sub-div or legal discript
 Issued By Eldon Huber
building official
 Owner Robert Behrman 592-8283
name tel.
 Address ~~1072 Stevenson Street~~
 Agent Robert Behrman 592-8283
builder-eng.-etc. tel.
 Address ~~1072 Stevenson Street~~
 Description of Use Residence

 Residential 1
no. dwelling units
 Commercial _____ Industrial _____
 New _____ Add'n. X Alter _____ Remodel _____
 Mixed Occupancy _____
 Change of Occupancy _____
 Estimated Cost \$ 18,716.00

| FEES | BASE | PLUS | TOTAL |
|--|-------------------------|-----------------|--------------------------------------|
| <input checked="" type="checkbox"/> BUILDING | 9.00 | 66.00 | 75.00 |
| <input checked="" type="checkbox"/> ELECTRICAL | 15.00 | 60.00 | 75.00 |
| <input checked="" type="checkbox"/> PLUMBING | 9.00 | 18.00 | 27.00 |
| <input checked="" type="checkbox"/> MECHANICAL | 18.00 | | 18.00 |
| <input type="checkbox"/> DEMOLITION | | | |
| <input checked="" type="checkbox"/> ZONING | 5.00 | | 5.00 |
| <input type="checkbox"/> SIGN | | | |
| WATER TAP | | | |
| SEWER TAP | | | |
| TEMP. ELECT. | | | |
| ADDITIONAL PLAN REVIEW | Struct. <u>9</u> copies | hrs <u>2.25</u> | |
| | Elect. _____ | hrs _____ | |
| TOTAL FEES..... | | | \$127.25 <u>202.25</u> |
| LESS MIN. FEES PAID _____ | | | <u>127.25</u> |
| | <small>date</small> | | |
| BALANCE DUE..... | | | <u>75.00</u> |

ZONING INFORMATION

| | | | | | |
|----------------------------|-------------------------------------|--------------------------|------------------------------|----------------------------|----------------------------|
| district <u>A</u> | lot dimensions <u>66' x 132'</u> | area <u>8712 s.f.</u> | front yd <u>30' min.</u> | side yds <u>7' min.</u> | rear yd <u>15' min.</u> |
| max hgt <u>35' max.</u> | no pkg spaces <u>2 - min.</u> | no ldg spaces | max cover <u>35% max.</u> | petition or appeal req'd | date appr |

WORK INFORMATION:

Size: Length 14' Width 28' Stories 1 Ground Floor Area 392 s.f.
 Height _____ Building Volume (for demo. permit) _____ cu. ft.

Electrical: lighting and outlets - new 100 amp overhead service & 20 circuits.
brief description

Plumbing: kitchen bath & laundry - 6 traps.
brief description

Mechanical: 60,000 B.T.U. nat. gas furnace & 7 hot air runs & 5 s.f. mw clear opig
brief description

Sign: N.A. Dimensions _____ Sign Area _____
type

Additional Information: Min. window size shall be 24" cl. op'g. ht., 20" **RAID** opig.
5 S.F. CLEAR OPENING AREA
 width. - Also refer to expired permit no. 01173.

Date _____ Applicant Signature Robert Behrman owner-agent MAY 06 1988
CITY OF NAPOLEON

RESIDENTIAL PLAN CORRECTION SHEET

CITY OF NAPOLEON
255 West Riverview Ave.
Napoleon, Ohio 43545
592-4010

ADDENDUM TO Permit No. 01528-1
Owner ROBERT BEHRMAN
Contractor 11
Location 1072 STEVENSON ST.

Please note the items checked below and incorporate them into your plans as indicated: PERMIT NOT YET ISSUED, CORRECT PLANS AND RE-SUBMIT. PERMIT ISSUED, INCORPORATE ITEMS DURING CONSTRUCTION.

| GENERAL | | | |
|-------------------------------------|---|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Provide approved smoke detector(s) as req'd. | | Show size of members supporting porch roof. |
| <input checked="" type="checkbox"/> | Provide 1/2" gypsum wallboard between dwelling and garage, on garage side. | <input checked="" type="checkbox"/> | Provide double top plate for all bearing partitions and exterior walls. |
| <input checked="" type="checkbox"/> | Provide min. 1 3/8" solid wood door from garage to dwelling. (or equal) | | Provide design data for prefab wood truss. |
| | Submit fully dimensioned plot plan. | | Ceiling joists undersized in _____. |
| <input checked="" type="checkbox"/> | Provide min. of 1-3'0" x 6'8" exit door. | | Roof rafters undersized in _____. |
| <input checked="" type="checkbox"/> | Provide min. 22" x 30" attic access opening. | | PLUMBING AND MECHANICAL |
| <input checked="" type="checkbox"/> | Provide min. 18" x 24" crawl space access opening. | <input checked="" type="checkbox"/> | Terminate all exhaust systems to outside air. |
| <input checked="" type="checkbox"/> | Provide approved sheathing or flashing behind masonry veneer. <i>IF APPLICABLE</i> | <input checked="" type="checkbox"/> | Insulate ducts in unheated areas. |
| <input checked="" type="checkbox"/> | Provide min. 15# underlayment on roof. | <input checked="" type="checkbox"/> | Provide backflow prevention device on all hose bibs. |
| | Provide adequate fireplace hearth. | <input checked="" type="checkbox"/> | Terminate pressure and temperature relief valve drain in an approved manner. |
| | Install factory built fireplaces/stoves according to manufacturers instructions. | <input checked="" type="checkbox"/> | Provide dishwasher drain with approved air gap device. |
| <input checked="" type="checkbox"/> | Terminate chimney 2' above roof or 2' above highest point of building within 10' of chimney. | | METAL VENEERS |
| | LIGHT AND VENTILATION | <input checked="" type="checkbox"/> | Contact City Utilities Dept. to remove conductors and/or meter. |
| | Provide mechanical exhaust or window in bathroom | | Provide approved system of grounding and bonding. |
| <input checked="" type="checkbox"/> | Provide min. <u>702</u> Sq. In. net free area attic ventilation. <u>112 @ RIDGE</u> | | ELECTRICAL |
| <input checked="" type="checkbox"/> | Provide min. <u>941</u> Sq. In. net free area crawl space ventilation. | <input checked="" type="checkbox"/> | Show location of service entrance panel and service equipment panel. |
| | FOUNDATION | <input checked="" type="checkbox"/> | G. F. C. I. req'd. on temporary electric. |
| <input checked="" type="checkbox"/> | Min. depth of foundation below finished grade is 32". | <input checked="" type="checkbox"/> | Outdoor bathroom and garage receptacles shall be protected by G. F. C. I. |
| <input checked="" type="checkbox"/> | Min. size of footer _____" x _____". | <input checked="" type="checkbox"/> | Maximum number of receptacles permitted on a G. F. C. I. circuit shall be 10 for 20 A. circuits and 7 for 15A. circuits. |
| <input checked="" type="checkbox"/> | Provide anchor bolts, 1/2" @ 6' o.c. 1' from each corner. Embedded 7" in concrete and 15" in masonry. | <input checked="" type="checkbox"/> | Refrigerators, microwaves, washers, disposal, furnace and air conditioners shall be on separate circuits. |
| | Show size of basement columns. | | INSPECTIONS |
| | FRAMING | | The following indicated inspections are required. The owner or his agent shall contact the City Building Dept. at least 24 hrs prior to the time the inspection is to be made. |
| <input checked="" type="checkbox"/> | Show size of wood girder in <u>FLOOR, CEN. ROOF</u> | <input checked="" type="checkbox"/> | Footers and Setbacks. |
| <input checked="" type="checkbox"/> | Provide design data for structural member in <u>ROOF IF TRUSSES ARE USED</u> | <input checked="" type="checkbox"/> | Foundation. |
| | Floor joists undersized in _____. | <input checked="" type="checkbox"/> | Plumbing rough-in. |
| <input checked="" type="checkbox"/> | Provide double joists under parallel bearing partitions. | <input checked="" type="checkbox"/> | Plumbing final. |
| <input checked="" type="checkbox"/> | Provide 1" x 4" let in corner bracing, approved sheathing, or equal. | <input checked="" type="checkbox"/> | Electrical service. |
| <input checked="" type="checkbox"/> | Show size of headers for openings over 4' wide _____. | <input checked="" type="checkbox"/> | Electrical rough-in. |
| | | <input checked="" type="checkbox"/> | Electrical final |

Additional Corrections. EXIST BATH SHALL HAVE WINDOW - MIN SIZE 8 3/4
OF THE FLOOR AREA OF THE ROOM, 2x10 FLOOR JOISTS ARE
OK IF YELLOW PINE, IF THEY ARE TO BE F.P.S. USE
2x12 @ 16" O.C. BEDROOMS TO HAVE EXIT WINDOWS MIN O.P. 24" H, 20" W, S.O.S.F.

The approval of plans and specifications does not permit the violation of any section of the Building Code or other City Ordinance. This addendum is attached to Permit No. 01528 and made a part thereof. DATE APPROVED OR DISAPPROVED 6-18-86 Checked by 54 Plan Examiner.

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

01523 255 West Riverview Avenue, Napoleon, Ohio 43545 - 419-592-4010

Permit No. 01173 Issued 6-19-86
date

Job Location 1072 Stevenson Street
address

Lot 31 Mary Dodd's 2nd Add.
sub-div or legal discript

Issued By Eldon Huber
building official

Owner Robert Behrman 592-8283
name tel.

Address 1072 Stevenson Street

Agent Robert Behrman 592-8283
builder-eng.-etc. tel.

Address 1072 Stevenson Street

Description of Use Residence

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. X Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ ~~5,000.00~~ 18,716.⁰⁰

| | BASE | PLUS | TOTAL |
|--|------------------------------|-------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> BUILDING | 3.00 <u>9.00</u> | 13.50 <u>66.00</u> | 16.50 <u>75.00</u> |
| <input checked="" type="checkbox"/> ELECTRICAL | 5.00 <u>15.00</u> | 20.00 <u>60.00</u> | 25.00 <u>75.00</u> |
| <input checked="" type="checkbox"/> PLUMBING | 3.00 <u>9.00</u> | 3.00 <u>18.00</u> | 6.00 <u>27.00</u> |
| <input checked="" type="checkbox"/> MECHANICAL | 6.00 <u>18.00</u> | .00 <u>.00</u> | 6.00 <u>18.00</u> |
| <input type="checkbox"/> DEMOLITION | | | |
| <input checked="" type="checkbox"/> ZONING | <u>5.00</u> | | .00 <u>5.00</u> |
| <input type="checkbox"/> SIGN | | | |
| WATER TAP | | | |
| SEWER TAP | | | |
| TEMP. ELECT. | | | |
| ADDITIONAL PLAN REVIEW | Struct. <u>9-COPYS</u> hrs | | <u>2.25</u> |
| | Elect. _____ hrs | | |
| TOTAL FEES..... | | | 53.50 <u>127.25</u> |
| LESS MIN. FEES PAID _____ | | | |
| BALANCE DUE..... | | | |

ZONING INFORMATION

| district | lot dimensions | area | front yd | side yds | rear yd |
|----------|----------------|---------------|-----------|--------------------------|-----------|
| A | 66' X 132' | 8712 S.F. | 30' Min. | 7' Min. | 15' Min. |
| max hgt | no pkg spaces | no ldg spaces | max cover | petition or appeal req'd | date appr |
| 35' Max. | 2-Min. | | 35% Max. | | |

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

Electrical: Lighting and outlets NEW 100 AMP OVERHEAD SERVICE + 20 CIRCUITS
brief description

Plumbing: Kitchen BATH + LAUNDRY 6-TRAPS
brief description

Mechanical: Furnace and distribution system 60,000 BTU, NAT. GAS FURNACE + 7
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

Additional Information: Min. window size shall be 2'8" X 4'2", provide smoke detectors in
bedroom area and 1 per story. ALSO REFER TO EXPEDITED PERMIT NO 01173 **PAID** JUN 25 1986

Date June 25 / 86 Applicant Signature Robert Behrman NO 01173
owner-agent

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 Change of Occupancy _____
 Estimated Cost \$ 5,000.00

| | FEES | BASE | PLUS | TOTAL |
|--|-------------------|------|-------|---------------------|
| <input checked="" type="checkbox"/> BUILDING | | 3.00 | 13.50 | 16.50 |
| <input checked="" type="checkbox"/> ELECTRICAL | | 5.00 | 20.00 | 25.00 |
| <input checked="" type="checkbox"/> PLUMBING | | 3.00 | 3.00 | 6.00 |
| <input checked="" type="checkbox"/> MECHANICAL | | 6.00 | .00 | 6.00 |
| <input type="checkbox"/> DEMOLITION | | | | |
| <input checked="" type="checkbox"/> ZONING | | | | .00 |
| <input type="checkbox"/> SIGN | | | | |
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Size: Length 14' Width 28' Stories 1 Ground Floor Area 392 S.F.
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brief description
 Plumbing: Kitchen
brief description
 Mechanical: Furnace and distribution system
brief description
 Sign: _____ Dimensions _____ Sign Area _____
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Additional Information: Min. window size shall be 2'8" X 4'2", provide smoke detector in bedroom area and 1 per story.

Date June 25/86 Applicant Signature Robert Behrman
owner-agent

PAID
JUN 25 1986

THE STATE OF CALIFORNIA
COUNTY OF SAN FRANCISCO

1874

Sgt. County Auditor