

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

Permit No. 2436 Issued 9-11-91
 Job Location 620 Stout St.
 Lot _____
 Issued by Brent N. Damman
 Owner Robert Beck 592-8307
 Address 11-622, Co. Rd. M, Napoleon
 Agent Self
 Address _____
 Use Type - Residential XX
 Other - Describe _____
 No. Dwelling Units _____
 New _____ Replacement _____
 Add'n. _____ Alter _____ Remodel _____
 Mixed Occupancy _____
 Change of Occupancy _____
 Estimated Cost \$ --

	FEES	BASE	PLUS	TOTAL
<input type="checkbox"/> Building	\$	\$	\$	\$
<input type="checkbox"/> Electrical	\$	\$	\$	\$
<input type="checkbox"/> Plumbing	\$	\$	\$	\$
<input type="checkbox"/> Mechanical	\$	\$	\$	\$
<input checked="" type="checkbox"/> Demolition	\$	10.00	\$	\$ 10.00
<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.....				\$ 10.00
LESS FEES PAID. <u>9-11-91</u>				\$ 10.00
BALANCE DUE.....				\$ 0.00

ZONING INFORMATION

district	lot dimensions	area	front yd	side yd	rear yd
	<u>n/a</u>				
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr

PAID

WORK INFORMATION

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____
 Height _____ Building Volume (for Demo. Permit) 3240 cu. ft.

SEP 11 1991

CITY OF NAPOLEON

Electrical: _____
 Plumbing: _____
 Mechanical: _____

Additional Information: _____
 Date _____ Applicant Signature Robert Beck

**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. 2436 ISSUED 9-11-91
 JOB LOCATION 620 Stout St.
 LOT _____ SUB-DIV _____
 ISSUED BY BND
 OWNER Robert Beck PN 592-8307
 ADDRESS 11-622 Cb. Rd W
 AGENT SELF PN _____
 ADDRESS _____
 DESCRIPTION OF USE:
 RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____
 _____ NEW _____ ADDITION _____ ALTER _____ REMODEL _____
 MIXED OCCUPANCY _____
 CHANGE OF OCCUPANCY _____
 ESTIMATED COST \$ - 0 -
 ZONING INFORMATION:

	<u>Base</u>	<u>Plus</u>	<u>Total</u>
<input type="checkbox"/> Building	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Electrical	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Plumbing	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Mechanical	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Demolition	\$ <u>10.00</u>	\$ _____	\$ <u>10.00</u>
<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>10.00</u>
Less Fees Paid			\$ _____
BALANCE DUE			\$ <u>10.00</u>

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard
	<u>N/A</u>				
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) 3740 _____ cu. ft.

DESCRIPTION OF WORK: _____

ELECTRICAL: Electrical Contractor _____ Phone _____

Address _____ Estimated Cost:\$ _____

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

Size of Service _____ Underground _____ Overhead _____ No. of New Circuits _____

Description of Work: _____

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 _____