

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

Permit No. 3175 Issued 4-18-94
 Job Location 738 Stout St.
 Lot 37 + 38 R. K. Scotts
 Issued by Brent N. Damman
 Owner Clarence Schwab 599-8116
 Address 809 N. Perry
 Agent Bo Well Co 592-0966
 Address P.O. Box 62 Napoleon
 Use Type - Residential X
 Other - Describe _____
 No. Dwelling Units _____
 New X Replacement _____
 Add'n. _____ Alter _____ Remodel _____
 Mixed Occupancy _____
 Change of Occupancy _____
 Estimated Cost \$ 24,000.00

FEES	BASE	PLUS	TOTAL
<input type="checkbox"/> Building	\$ 9.00	\$ 76.00	\$ 85.00
<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.....			\$ 85.00
LESS FEES PAID.....			\$ 85.00
BALANCE DUE.....			\$ 0.00

ZONING INFORMATION

district P.B.	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: Residential Storage Building

Date 4-18-94 Applicant Signature *Clarence Schwab*

PAID
 APR 18 1994
 CITY OF NAPOLEON

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. 3175 ISSUED 4-18-94

JOB LOCATION 738 Stout

LOT 37+38 R.K. Scotts
(Subdivision or Legal Description)

ISSUED BY B.N.D.
(Building Official)

OWNER Clarence Schwab PHONE 599-8116

ADDRESS 809 N. Perry Napoleon, Ohio

AGENT Bo Well Co. PHONE 592-0966

ADDRESS P.O. Box 62 Napoleon

USE: Residential Commercial Industrial
 Other _____

WORK: New Addition Replacement Remodel

ESTIMATED COST = \$ ~~17,456.00~~
24,000.00

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard
<u>P.B.</u>					
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: Width _____ Length _____ Stories _____ Height _____
Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: Residential Storage building.

	Base	Plus	Total
<input checked="" type="checkbox"/> Building	\$ <u>9.00</u>	\$ <u>76.00</u> ^{26.00}	\$ <u>85.00</u>
<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"/> Sewer Tap	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp Water	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Temp Elec.	\$ _____	\$ _____	\$ _____

Additional Structure _____ Hours _____
Plan Review: Electric _____ Hours _____

TOTAL FEES	\$ <u>85.00</u>
Less Fees Paid	\$ <u>85.00</u>
BALANCE DUE	\$ <u>-0-</u>

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 _____

BoWellCo Buildings

Building Layout

Date 4/18/94

Customer Clarence Schwab

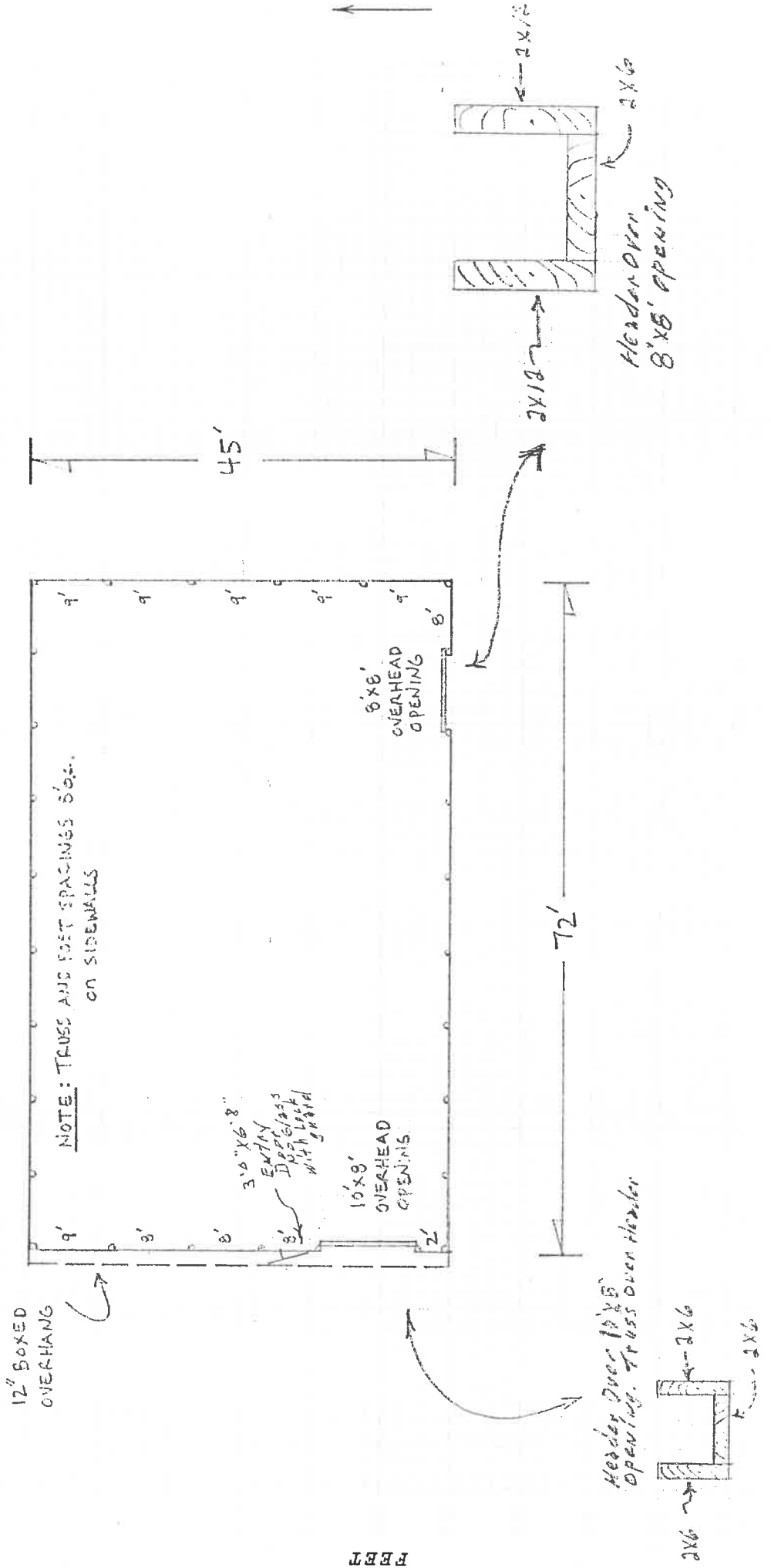
Use PERSONAL STORAGE

Size 45' x 72' x 9'3"

Roof Loading: TOTAL = 30 lb. psf

738 Stout

FEET



BoWellCo Buildings

Building Layout

Date 4-18-94

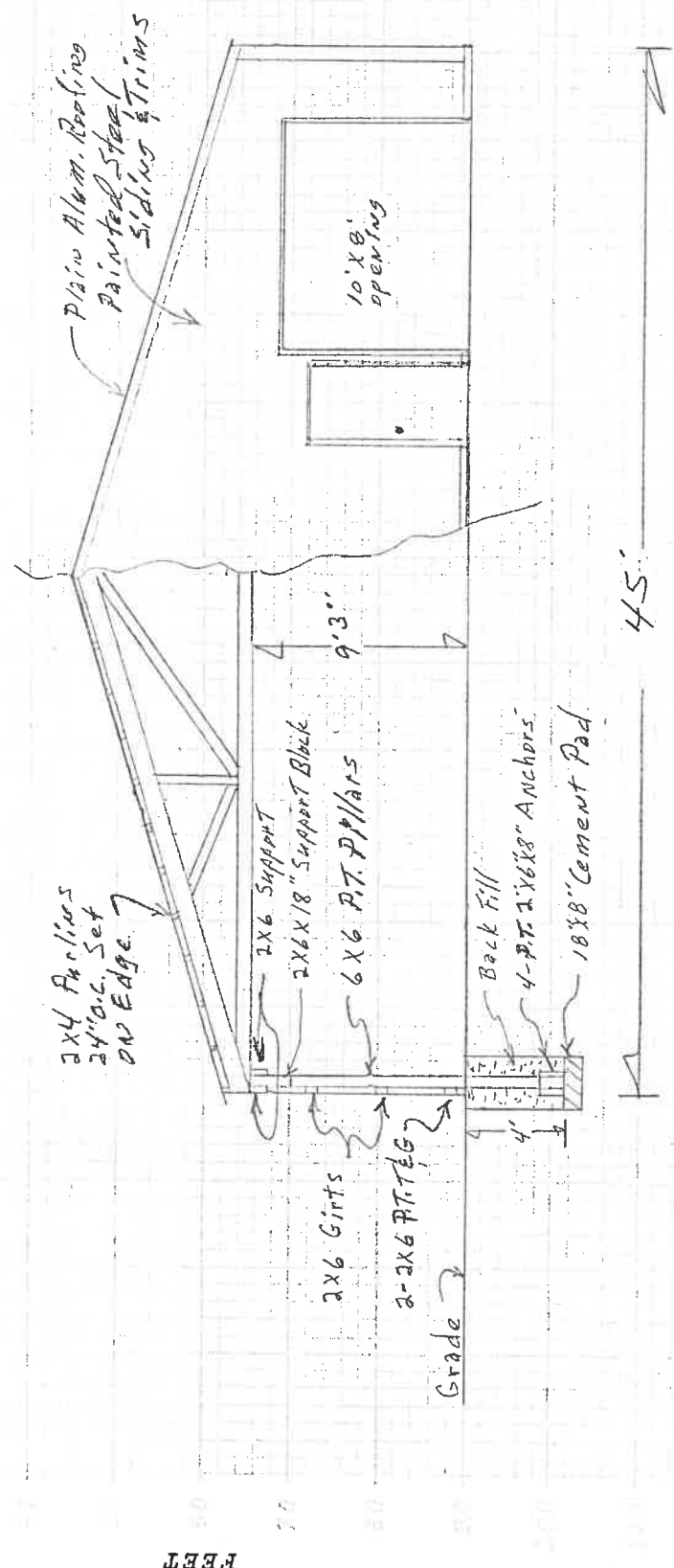
Customer Clarence Schwab

Use Personal Storage

Size 45' x 72' x 9'3"

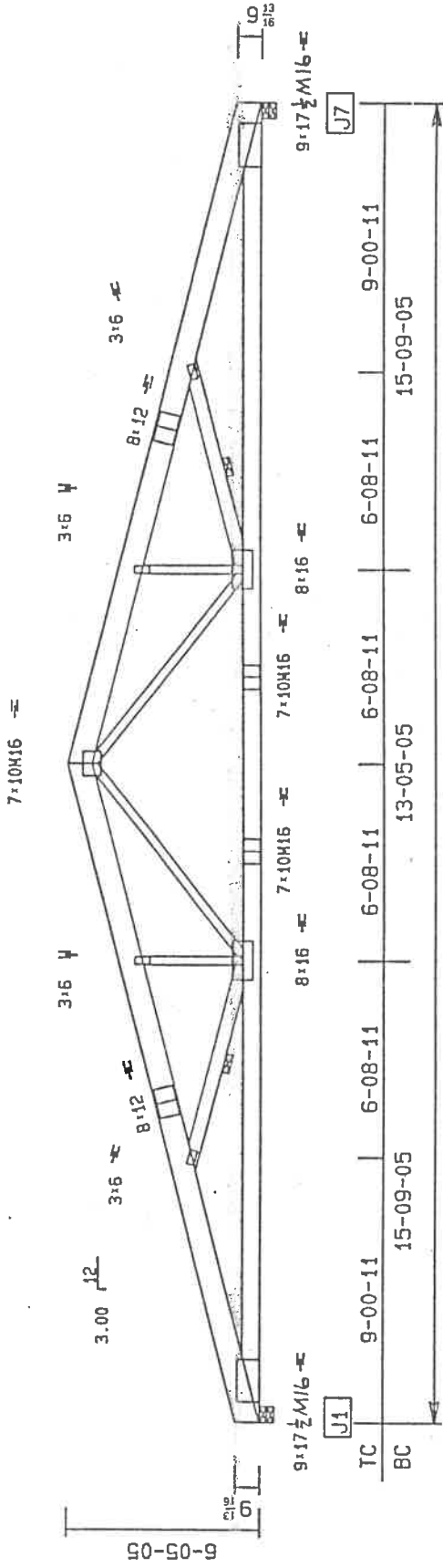
Roof Loading: TOTAL = _____ psf

FEET



JOB PC002376
 TYPE 900 2/23/93
 1 OF 1 TRS001

QUOT
 P08.83

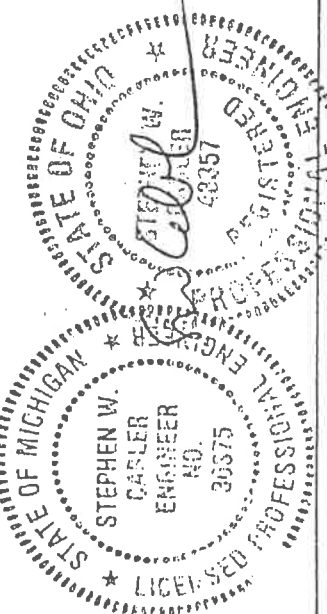


TCLL = 25.0 PSF SPACING = 8-00-00 REACTIONS MIN L/DEF = 45'/1.78" = 302, CAMB = 0 3/8"
 TCCL = 4.0 PSF INCR: P=0.98 L=1.15 (LBS) BRG (IN) 20 GA. M20 PLATES 258 PSI GRS (MAX)
 BCCL = 0.0 PSF BUTT CUT = 0 1/4" J 1 = -5400 6.4 J 7 = -5400 6.4 ** SEE NOTE ON PURLINS **
 BCCL = 1.0 PSF
 MITEK INDUSTRIES, INC.
 8-3-30

CONFORMS TO TPI 91 NO REPETITIVE INCR

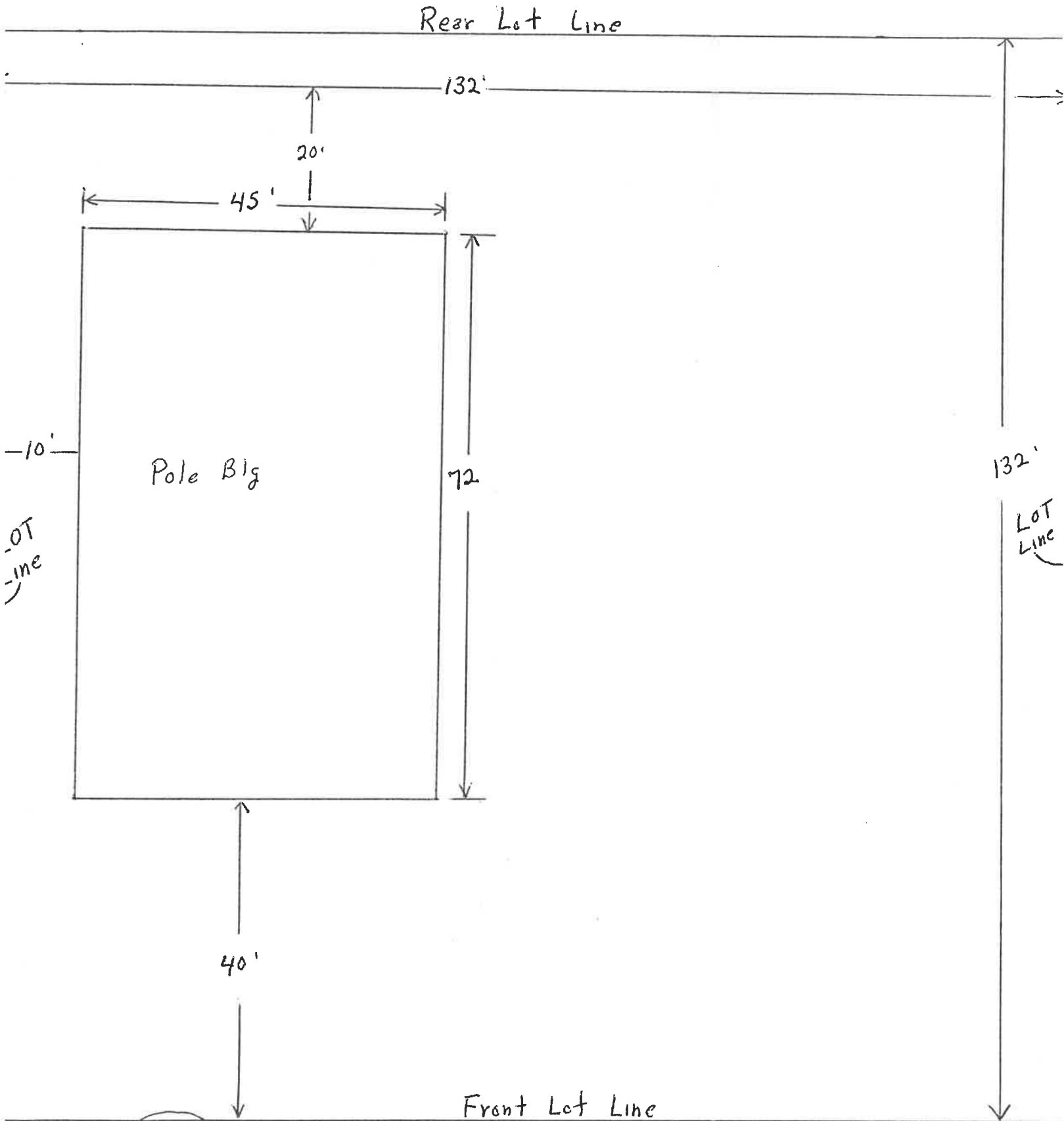
TOP CHORD - CSR = 0.969 - - - - - BOTTOM CHORD - CSR = 0.858 - - - - - WEBS - CSR = 0.853 - - - - -
 2X10 2250F-1.6E M SYP 2X 8 2250F-1.6E M SYP 2X 4 NO 2 SYP *EXCEPT*
 C 1 = -17673 C 3 = -14458 C 5 = -14458 C 7 = 17145 C 8 = 10768 C 9 = 17145 W 1 IS 2X 6 NO 2 SYP
 C 2 = -14458 C 4 = -14458 C 6 = -17673 W 6 IS 2X 6 NO 2 SYP
 W 1 = -3291 W 3 = 4249 W 5 = -1559
 W 2 = -1559 W 4 = 4249 W 6 = -3291

- 1.* TOP CHD PURLIN SPCG = 24.0 IN. PURLINS TO BE DESIGNED BY OTHERS.
- 2.* THERE ARE 4 ROWS OF LATERAL BRACING AT MAX SPACING OF 10FT O.C. READ ON BOT CHD.
3. ONE ROW OF LATERAL BRACING REQUIRED AT THE MID POINTS OF THE WEBS/CHORDS AS INDICATED ON THE DRAWING.
4. THE BOT CHD DEAD LOAD SHOWN IS SUFFICIENT ONLY TO COVER THE TRUSS WEIGHT ITSELF AND DOES NOT ALLOW FOR ANY ADDL LOAD TO BE ADDED TO THE BOT CHD.
5. DEAD LOADS SHOWN INCLUDE WEIGHT OF TRUSS. TOP CHORD DL OF 5 PSF (OR LESS) IS NOT ADEQUATE FOR A SHINGLE ROOF. ARCHITECT TO VERIFY ADEQUACY OF TCCL.
6. ALL PLATES ARE M20 PLATES UNLESS OTHERWISE INDICATED.



APR 8

WARNING - Verify design parameters and READ NOTES ON THIS AND REVERSE SIDE BEFORE USE.
 Design valid for use only with Mitek connectors. This design is based only upon parameters shown, and is for an individual building component to be installed and loaded vertically. Applicability of design parameters and proper incorporation of component is responsibility of building designer. Not truss designer. Bracing shown is for lateral support of individual web members only. Additional temporary bracing to insure stability during construction is the responsibility of the erector. Additional permanent bracing of the overall structure is the responsibility of the building designer. For general guidance regarding fabrication, quality control, storage, delivery, erection and bracing, consult GSI-88 Quality Standard, PSB-89 Bracing Specification, and HIB-90 Handling, installation and bracing Recommendation available from Truss Plate Institute, 583 D'Oroville Drive, Madison, WI 53719.



STOUT ST. LOTS 37 & 38

1/16" Scale

