

# PERMIT

**CITY OF NAPOLEON, OHIO — DEPT. OF BUILDING & ZONING**  
**255 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 592-4010**

Permit No. 159-79 Date Nov. 13, 1979  
 Job Location 1117 Sycamore Valuation \$ 13,759.23  
 Owner Bob Whetstine<sup>Address</sup> Address 1117 Sycamore  
 Contractor Rob Shanks Builders<sup>Name</sup> Telephone No. 599-3713  
 Address 8-271-U.S.6 Rt. 5, Napoleon, Ohio  
 Electric Contractor \_\_\_\_\_  
 Plumbing Contractor \_\_\_\_\_  
 Mechanical Contractor \_\_\_\_\_

**This permit is issued for work described in the plans, specifications, and/or application submitted, as approved by the Building Commissioner of the City of Napoleon, Ohio. Work shall conform to all pertinent construction and land use Codes and Ordinances.**

**Work Information:**

Residential X Commercial \_\_\_\_\_ Industrial \_\_\_\_\_  
No. dwelling units  
 New Construction \_\_\_\_\_ Addition X Remodel \_\_\_\_\_  
 Brief Description of Work Family room addition

ISSUED BY *R. E. Johnson* DEPT. OF BUILDING & ZONING  
Building Official

**It is the owners or contractors responsibility to call the Building Department for the following (x) inspections:**

- Footing excavation prior to placing concrete.
- Footing drains and foundation prior to backfill.
- Prepared sub-grade prior to placing concrete floor slab.
- Sanitary sewer
- Rough-in electrical, plumbing and service framing prior to installing wall board.
- Final electrical, plumbing and heating.
- Final building inspection, prior to occupancy.

**Permit is not valid until all fees are paid in full, and shall be void if work is not started within six months of date above.**

**PERMIT & FEES**

Building Permit	\$ 30.00
Electrical Permit	\$ 10.00
Plumbing Permit	\$ 6.00
Mechanical Permit	\$ 6.00
Demolition Permit	\$ _____
Zoning Permit	\$ -0-
Sign Permit	\$ _____
Water Tap	\$ _____
Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other	\$ _____
<b>TOTAL FEES</b>	<b>\$ 52.00</b>
<b>LESS FEES PAID</b>	<b>\$ -0-</b>
<b>BALANCE DUE</b>	<b>\$ 52.00</b>

**PAID**  
**JAN 31 1980**  
**CITY OF NAPOLEON**



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ISSUED BY R.E. [Signature] Building Official DEPT. OF BUILDING & ZONING

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# INSPECTION RECORD

UNDERGROUND			ROUGH-IN &			FINAL		
Type	Date	By	Type	Date	By	Type	Date	By
<b>PLUMBING</b>	Sewer Connection		Drainage, W. & Vent	7/14/88	BA	Drainage, W. & Vent		
	Building Sewer		Water Piping			Water Heater		
	Water Piping		Condensate Lines			Backflow Prevention		
			Indirect Waste					
<b>ELECTRICAL</b>	Floor Ducts Raceways		Rough Wiring	2/10/88	BA	FINAL APPROVAL Electric Mfr. Clearance		
	Conduits & or Cable		Conduits/ Cable			Signs		
	Grounding & or Bonding		Service Panel Switchboard					
			Subpanels					
<b>MECHANICAL</b>	Refrigerant Piping		<input type="checkbox"/> Range <input type="checkbox"/> Dryer			FINAL APPROVAL		
	Ducts/ Plenums		Refrigerant Piping			Duct Insulation		
			Ducts/ Plenums			Chimney(s)		
			Ventilation <input type="checkbox"/> Supply <input type="checkbox"/> Exhst.			Furnace(s)		
<b>BUILDING</b>	Location, Set-backs, Esmt(s)		Wall Construction			FINAL APPROVAL Fireplace Chimney		
	Excavation		Crawl Space <input type="checkbox"/> Vent <input type="checkbox"/> Access			Attic <input type="checkbox"/> Vent <input type="checkbox"/> Access		
	Footings & Reinforcing		Floor System(s)			Special Insp Reports Rec'd		
	Sub-soil Drain		Roof System			Smoke Detector		
	Foundation Walls		Fire Wall(s)			Demolition (sewer cap)		
	Floor Slab		Roof Cover Roof Drain			Building or Structure		
FINAL APPROVAL BLDG. DEPT.			Certificate of Occupancy Issued			#		





A.S.J.

CITY OF NAPOLEON  
BUILDING INSPECTION DEPARTMENT  
APPLICATION FOR BUILDING PERMIT  
(please print or type)

The undersigned hereby makes application for construction, installation, or alteration work as herein specified, agreeing to do all such work in strict compliance with the City of Napoleon's adopted Building Codes.

Location of project 1117 SYCAMORE Cost of Project \$13,759.23%

Owner's Name Bob Whetstone Address 1117 SYCAMORE, NAPOLEON, O

Contractor Rob Shanks Builders Telephone No. 599-3713

Address 8-271- US6 R.S NAPOLEON, O

Lot Information: (not required for siding job)

Lot No. \_\_\_\_\_ Subdivision \_\_\_\_\_

zoning District \_\_\_\_\_ Lot Size 75 ft X 150 ft. Area \_\_\_\_\_ sq. ft.

setbacks: Front 50 Right Side 10 Left Side 7 Rear 58

Use Information:

Residential  Commercial \_\_\_\_\_ Industrial \_\_\_\_\_

New Construction \_\_\_\_\_ Addition  Remodel \_\_\_\_\_

Accessory Building \_\_\_\_\_ Siding DOUBLE 5" ALUM.

Specific Type \_\_\_\_\_

Brief Description of Work: 16x21 FAMILY ROOM WITH BATH & LAUNDRY ROOM  
ADDITION

WALLS 2X4 CONSTRUCTION 16" O.C. - 2X10 FLOOR JOIST 16" O.C. 16' SPAN 240# SHINGLES

Length 21 Width 16 No. of Stories 1

1st floor 336 sq. ft. Basement NONE sq. ft.

2nd floor — sq. ft. Accessory Building — sq. ft.

3rd floor — sq. ft. Other — sq. ft.

Additional Information: FOOTER 16" x 8" CONCRETE # Blox CRADL SPACE 8" Blox

\* APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING ELEVATIONS, FLOOR PLANS, CROSS SECTIONS AND PLOT PLAN. IF ADDITION OR REMODELING, SHOW ALL EXISTING STRUCTURES AND THEIR SIZE AND LOCATION. ALL PLANS SHALL BE DRAWN TO SCALE.

Date 11.5.79 applicane's signature [Signature]

PERMIT NO. 159-79 PERMIT FEE \$ 30.8





CITY OF NAPOLEON  
BUILDING INSPECTION DEPARTMENT  
APPLICATION FOR ELECTRICAL PERMIT  
(please print or type)

2100

The undersigned hereby makes application for installation or replacement of electrical equipment as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Electrical Codes.

Owner's Name Bob Whetstone Address \_\_\_\_\_

Electrical Contractor Rob Shauks Builders Telephone No. 599-3713

Address RR. 6 NAP.

General Contractor \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Location of Project 1117 SYCAMORE ST. Cost of Project \_\_\_\_\_

Work Information:

Residential  Commercial \_\_\_\_\_ Industrial \_\_\_\_\_  
No. Units \_\_\_\_\_  
New \_\_\_\_\_ Service Change \_\_\_\_\_ Rewiring \_\_\_\_\_ Additional Wiring

Brief Description of Work: ALL NECESSARY RECEPTACLES + CIRCUITS AND ONE GFI CIRCUIT IN BATHROOM

Size of proposed Service Entrance \_\_\_\_\_ Number of new Circuits \_\_\_\_\_

Type of proposed Service Entrance \_\_\_\_\_ Underground \_\_\_\_\_ Overhead 3

Require Temporary Electric \_\_\_\_\_ (Yes or No)

Total Floor Area - Commercial and Industrial only \_\_\_\_\_ sq. ft.

Additional Information: \_\_\_\_\_

\*GROUND-FAULT CIRCUIT INTERRUPTER PROTECTION IS REQUIRED ON ALL 120-VOLT SINGLE PHASE, 15 AND 20 AMP. CIRCUITS WHICH ARE PART OF A TEMPORARY ELECTRIC SERVICE; AND ALSO ON BATHROOM, OUTDOOR, AND GARAGE RECEPTACLES IN ALL DWELLING UNITS. Art. 210-8 N.E.C.

\*APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: ELECTRICAL LAYOUT AND RISER DIAGRAM. (FOR COMMERCIAL AND INDUSTRIAL WORK ONLY).

Date 11-6-79 Applicant's Signature [Signature]

11/10



CITY OF NAPOLEON  
 BUILDING INSPECTION DEPARTMENT  
 APPLICATION FOR PLUMBING PERMIT  
 (please print or type)

The undersigned hereby makes application for the installation or replacement of plumbing work as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Plumbing Codes. (1, 2 and 3 family dwelling units only)

Owner's Name \_\_\_\_\_ Address \_\_\_\_\_

Plumbing Contractor Rob Hawks Builders Telephone No. \_\_\_\_\_  
 Address \_\_\_\_\_

General Contractor \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Address \_\_\_\_\_

Location of Project \_\_\_\_\_ Cost of Project \_\_\_\_\_

Work Information:

No. of dwelling units 1 New \_\_\_\_\_ Replacement \_\_\_\_\_ Addition

Brief description of work: \_\_\_\_\_

Is water tap required No Size \_\_\_\_\_ Type of Pipe \_\_\_\_\_

Is sewer tap required No Size \_\_\_\_\_ Type of Pipe \_\_\_\_\_

Type of Water Distribution pipe PLASTIC

Type of Drainage, Waste, and Vent pipe ABS PLASTIC

Size of main building drain \_\_\_\_\_ Size of main vent pipe 2 1/2"

Water Closets 1 Bathtubs \_\_\_\_\_ Shower 1 2 1/2"  
 No. Trap Size No. Trap Size No. Trap Size

Lavatories 1 1 1/2" Kitchen Sink \_\_\_\_\_ Disposal \_\_\_\_\_  
 No. Trap Size No. Trap Size No. Trap Size

Dishwasher \_\_\_\_\_ Clothes Washer \_\_\_\_\_  
 No. Trap Size No. Trap Size Other No. Trap Size

\*All installations are subject to plumbing tests and/or inspections.

Date 11-5-79 Applicant's Signature [Signature]

*n j w w*

PERMIT NO. \_\_\_\_\_

FEE \$ \_\_\_\_\_



100 Nov 7-28-76

CITY OF NAPOLEON  
BUILDING INSPECTION DEPARTMENT  
APPLICATION FOR HEATING PERMIT  
(PLEASE PRINT OR TYPE)

\$6.00

The undersigned hereby makes application for the installation, replacement or alteration of a heating system or device as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Mechanical Code for 1, 2 and 3 Family Buildings.

Owner's Name \_\_\_\_\_ Address \_\_\_\_\_

Contractor's Name Rob SHAWKS Builders Address \_\_\_\_\_ Tel. \_\_\_\_\_

BUILDING INFORMATION:

Single Family  Double Family \_\_\_\_\_ Multiple \_\_\_\_\_ New Construction \_\_\_\_\_

Addition  Remodel \_\_\_\_\_ Replacement \_\_\_\_\_ No. of Stories 1

DESCRIPTION OF WORK

Heating System - Warm Air  Hot Water \_\_\_\_\_ Steam \_\_\_\_\_ Electric \_\_\_\_\_

Unit Heaters \_\_\_\_\_ Unit Gas Heaters \_\_\_\_\_ Other \_\_\_\_\_

Type - Gravity \_\_\_\_\_ Forced  Radiant \_\_\_\_\_

No. of Thermostatical Heating Zone 1

Hot Water - One Pipe \_\_\_\_\_ Two Pipe \_\_\_\_\_ Series Loop \_\_\_\_\_

Electric Heat - No. of Circuits \_\_\_\_\_ Other \_\_\_\_\_

Total Heat Loss of Area to be Heated \_\_\_\_\_ Btu.

Rated Capacity of Furnace/Boiler \_\_\_\_\_ Btu.

No. of Furnaces 1 No. of Hot Air Runs 3

No. of Hot Water Radiators \_\_\_\_\_ Type of Fuel GAS

Heating Units Located: Crawl Space \_\_\_\_\_ Floor Level  Suspended \_\_\_\_\_

Roof or Exposed to Outside Air \_\_\_\_\_ Attic \_\_\_\_\_ Other \_\_\_\_\_

APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: LOCATION OF FURNACE OR UNIT HEATERS AND SIZE AND LOCATION OF FEEDER DUCTS AND RETURN AIR DUCTS. ALL PLANS SHALL BE DRAWN TO SCALE.

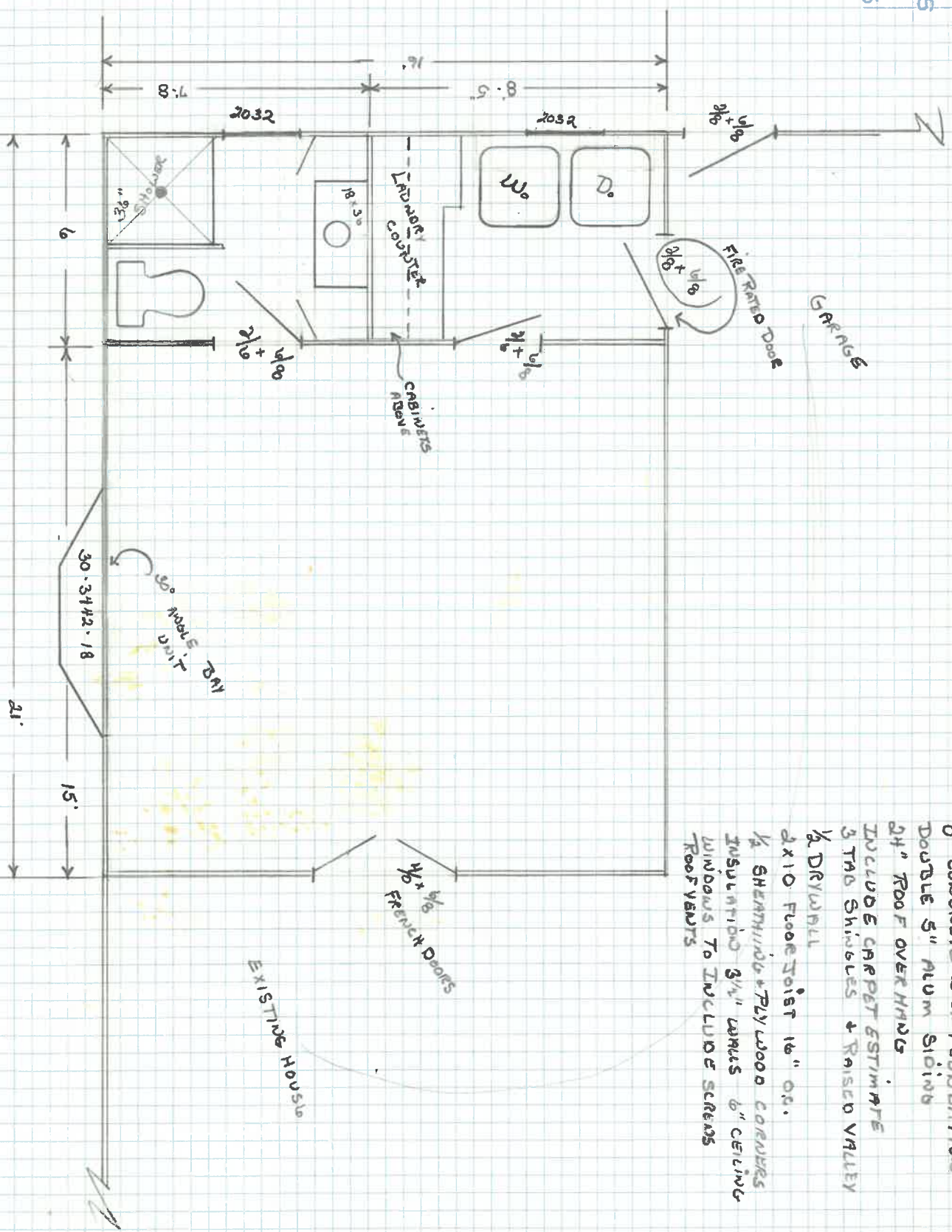
ESTIMATED COST OF COMPLETED PROJECT: \_\_\_\_\_

DATE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_

OWNER-CONTRACTOR-AGENT

4  
100

RDB SHANKS BUILDERS  
 8-211-USA RS  
 NAPOLEON, OHIO 43845  
 PHONE: 599-3713



- 8" CONCRETE Block FOUNDATION
- DOUBLE 5" ALUM SIDING
- 24" ROOF OVERHANG
- INCLUDE CARPET ESTIMATE
- 3 TAB SHINGLES + RAISED VALLEY
- 1/2 DRYWALL
- 2x10 Floor Joist 16" O.C.
- 1/2 SHEATHING + PLY WOOD CORNERS
- INSULATION 3 1/2" WALLS 6" CEILING
- WINDOWS TO INCLUDE SCREENS
- ROOF VENTS

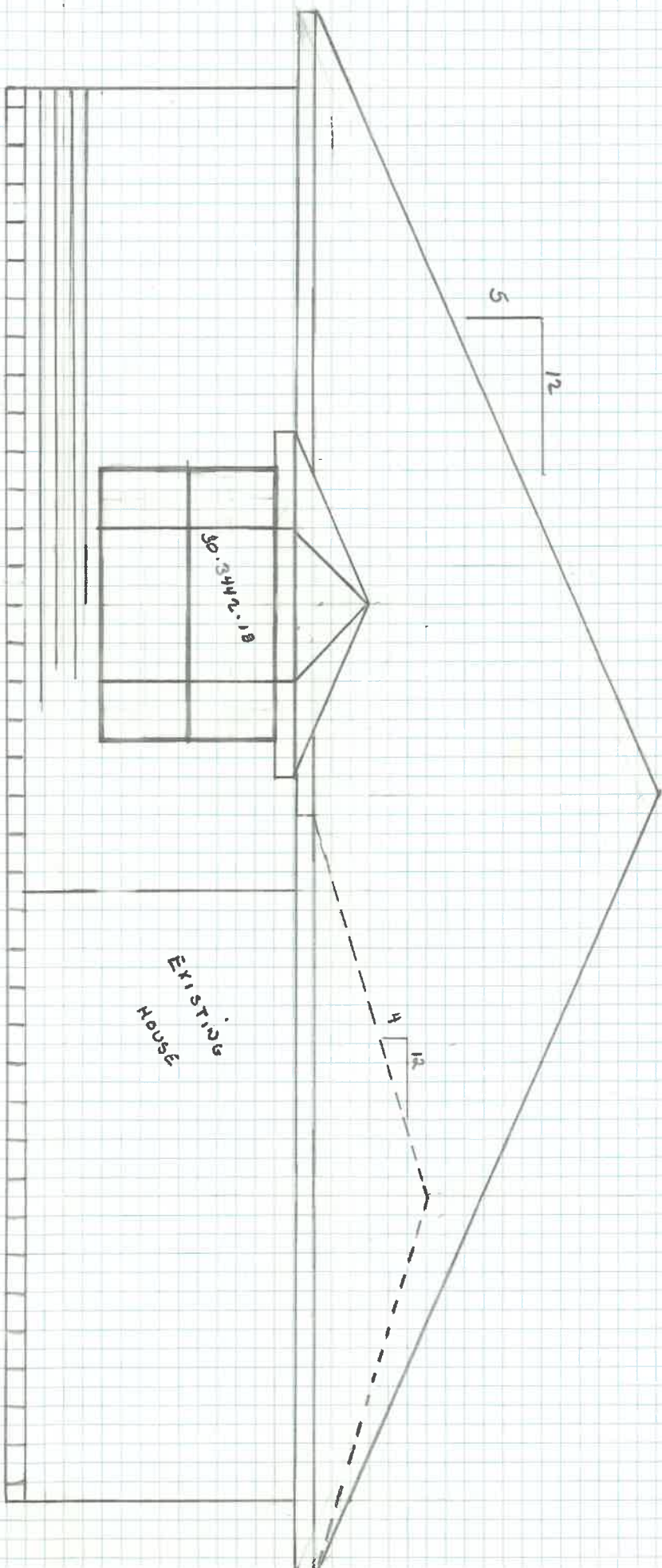
LIGHT FIXTURES  
 FAN FOR BATH





ROB SHANKS BUILDERS  
8-271-4567 x5  
NAPOLEON, OHIO 43545  
PHONE: 599-3713

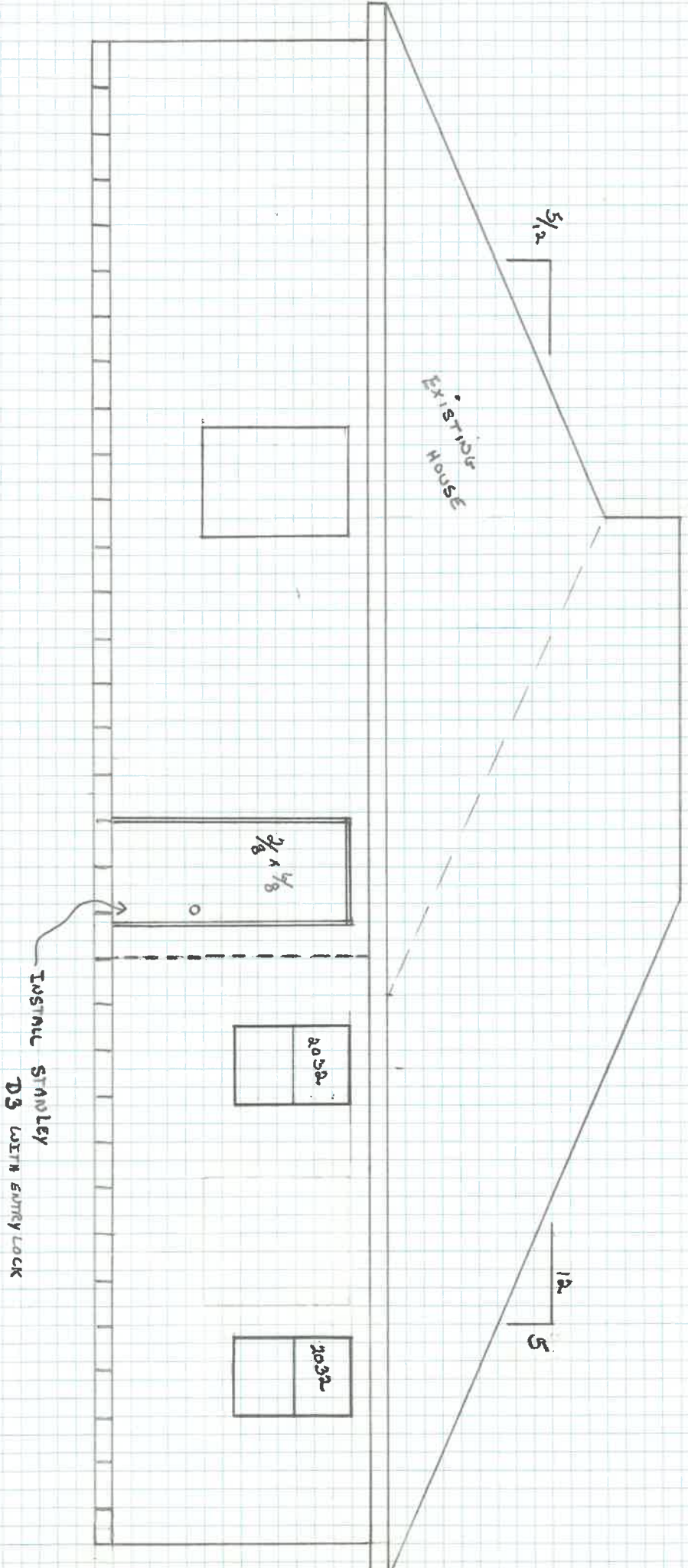
BACK ELEVATION





ROB SHANKS BUILDERS  
8-271-25625  
NAPOLEON, OHIO 43645  
PHONE: 599-3713

SIDE ELEVATION





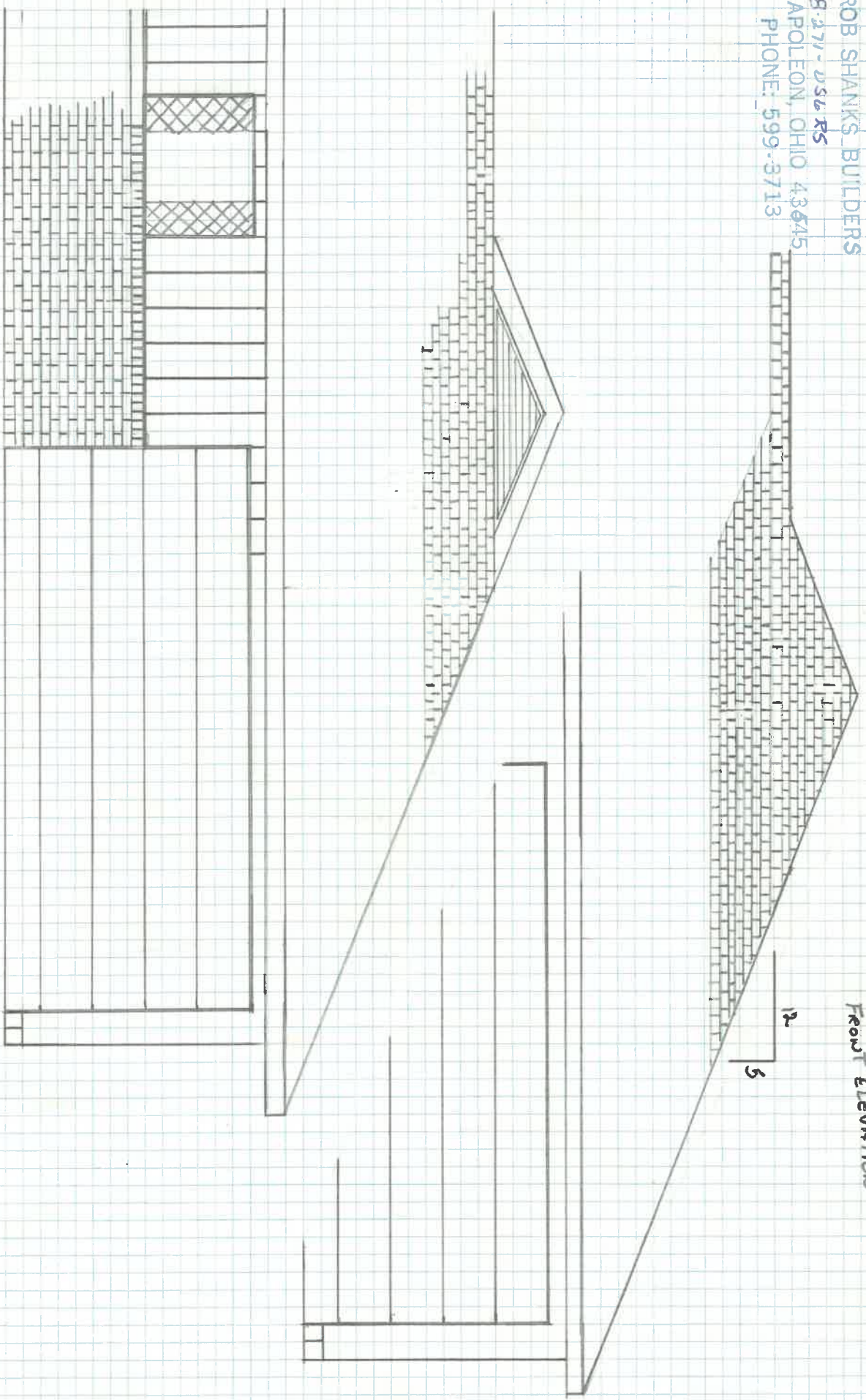
ROB SHANKS BUILDERS

8-277-056RS

NAPOLEON, OHIO 43645

PHONE: 599-3713

FRONT ELEVATION



BOB WHET STINE  
1117 Sycamore  
592-5985

