

P E R M I T

CITY OF NAPOLEON
255 W. RIVERVIEW AVE
NAPOLEON, OHIO 43545

DIVISION OF BUILDING & ZONING
PH (419) 592-4010
FAX (419) 599-8393

PERMIT NO: 98090

DATE ISSUED: 04-07-98

ISSUED BY: BND

JOB LOCATION: 1540 THERSHAN DR

EST. COST: 210000.00

LOT #: 55

SUBDIVISION NAME: TWIN OAKS 3RD

OWNER: DUNBAR, WILLIAM
ADDRESS: 1010 W WASHINGTON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-3478

AGENT: MOCK BUEHRER BUILDER
ADDRESS: P-707 CO RD 16
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-0825

USE TYPE - RESIDENTIAL: X

OTHER:

ZONING INFORMATION

DIST: R-1 LOT DIM: IRR AREA: 22807 FYRD: 40 SYRD: 15 RYRD: 20
MAX HT: 45' # PKG SPACES: 2 # LOADING SP: MAX LOT COV: 30%

BOARD OF ZONING APPEALS:

WORK TYPE - NEW: X REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: 59 WIDTH: 58 STORIES: 2 LIVING AREA SF: 4345
GARAGE AREA SF: 1107 HEIGHT: 28 BLDG VOL DEMO PERMIT:

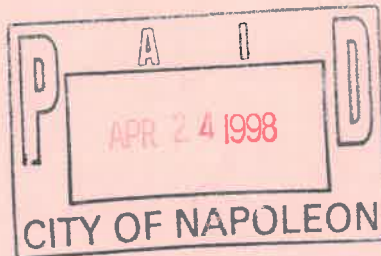
WORK DESCRIPTION
NEW HOME

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

BUILDING PERMIT
ELECTRICAL PERMIT
PLUMBING PERMIT
MECHANICAL PERMIT
WATER TAP PERMIT
SEWER PERMIT



325.00
111.00
72.00
56.00
685.00
336.00

TOTAL FEES DUE 1585.00

4-23-98

DATE

H. Buehrer

APPLICANT SIGNATURE

APPLICATION FOR
 Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit
FRCH - 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. _____ ISSUED _____

JOB LOCATION 1540 Thershan

LOT 55 Thermoc 2nd
 (Subdivision or Legal Description)

ISSUED BY _____
 (Building Official)

OWNER Bill Dunbar PHONE 592-3478

ADDRESS 1010 W. Wash

AGENT Mock PHONE _____

ADDRESS _____

USE: () Residential () Commercial () Industrial
 () Other _____

WORK: () New () Addition () Replacement () Remodel

ESTIMATED COST = \$ 210,000.00

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard

Max Height	No. Pkg. Spaces	No. Ldg. Spaces	Max Cover	Petition or Appeal Required-Date

WORK INFORMATION

Building: Ground Floor Area 1880 sq. ft. Basement Floor Area 1245 sq. ft.
 Garage Floor Area 1107 sq. ft. 2nd Floor Area 1220 sq. ft. Other _____ sq. ft.
 Size: Length 59 Width 58 Stories 2 Height 28
 Building Volume (for Demolition Permit) _____ cubic feet
 Description of Work: _____

	Base	Plus	Total
(X) Building	\$ <u>237.00</u>	\$ <u>88.00</u>	\$ <u>325.00</u>
(X) Electrical	\$ <u>15.00</u>	\$ <u>96.00</u>	\$ <u>111.00</u>
(X) Plumbing	\$ <u>9.00</u>	\$ <u>63.00</u>	\$ <u>72.00</u>
(X) Mechanical	\$ <u>18.00</u>	\$ <u>38.00</u>	\$ <u>56.00</u>
() Demolition	\$ _____	\$ _____	\$ _____
() Zoning	\$ _____	\$ _____	\$ _____
() Sign	\$ _____	\$ _____	\$ _____
(X) Water Tap	\$ _____	\$ 680	\$ <u>685.00</u>
(X) Sewer Tap	\$ _____	\$ _____	\$ <u>336.00</u>
() Temp Water	\$ _____	\$ _____	\$ _____
() Temp Elec.	\$ _____	\$ _____	\$ _____
Additional Plan Review:	Structure _____	Electric _____	Hours _____
TOTAL FEES \$ _____		
Less Fees Paid \$ _____		
BALANCE DUE \$ _____		

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 = 5 Bathtubs = 2 Showers = 2 Lavatories = 6 Kitchen Sinks = 1 Disposal = 1
Clothes Washer = 1 Floor Drains = 1 Dishwasher = 1 Other Lt - 1 Total = 21

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 28

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 _____

CITY OF NAPOLEON

WATER METER YOKE RELEASE FORM

THIS DOCUMENT ENTITLES THE HOLDER TO "ONE" WATER METER YOKE ASSEMBLY
(Please pickup at City Operations Department 1775 Industrial Drive).

PERMIT #: 98090

ISSUED: 04-07-98

JOB LOCATION: 1540 THERSHAN DR

OWNER: DUNBAR, WILLIAM

PHONE: 419-592-3478

ADDRESS: 1010 W WASHINGTON ST NAPOLEON, OH 43545

CONTRACTOR: MOCK BUEHRER BUILDERS

ADDRESS: P-707 CO RD 16 NAPOLEON, OH 43545

PHONE: 419-592-0825

WATER TAP SIZE 1" X 1.5" _____ 2" _____ OTHER _____

WATER METER YOKE SIZE 5/8" _____ 3/4" X 1" _____ OTHER _____

NEW STRUCTURE X EXISTING STRUCTURE _____ LAWN METER _____

WATER SERVICE LINE TO BE TYPE "K" COPPER OR "CTS" POLYETHELENE TUBING OF 1" MINIMUM SIZE.

BACKFLOW DEVICE REQUIRED YES X NO _____

TYPE OF BACKFLOW DEVICE REQUIRED Double check valve assembly

WATER METER YOKE INSTALLATION IS SUBJECT TO THE FOLLOWING CONDITIONS

- 1.) MUST BE LOCATED IN AN ACCESSIBLE AREA.
- 2.) MUST BE IN AN AREA WHICH IS NOT SUBJECT TO FREEZING TEMPERATURES.
- 3.) MUST BE AT LEAST 18" ABOVE FLOOR LEVEL (NO CRAWL SPACE INSTALLATIONS).
- 4.) MUST COMPLY WITH MINIMUM MOUNTING REQUIREMENTS (DRAWING AVAILABLE)

ISSUED BY _____ RECEIVED BY _____

1-Copy to: Building Dept, Water Dept, and Utilities Dept

CITY OF NAPOLEON

ELECTRIC METER BASE RELEASE FORM

THIS DOCUMENT ENTITLES THE HOLDER TO "ONE" ELECTRIC METER BASE
(Please pickup at the City operations garage 1775 Industrial Drive).

PERMIT #: 98090

ISSUED:04-07-98

JOB LOCATION: 1540 THERSHAN DR

WORK DESCRIPTION: NEW HOME

OWNER: DUNBAR, WILLIAM

ADDRESS: 1010 W WASHINGTON ST NAPOLEON, OH 43545

OWNER PHONE: 419-592-3478

CONTRACTOR: MOCK BUEHRER BUILDERS

ADDRESS: P-707 CO RD 16 NAPOLEON, OH 43545

CONTRACTOR PHONE: 419-592-0825

ELECTRIC SERVICE UPGRADE _____ NEW SERVICE INSTALLATION X

INDUSTRIAL _____ COMMERCIAL _____ RESIDENTIAL X 1PHASE X 3PHASE _____

SIZE OF SERVICE 100AMP _____ 150AMP _____ 200AMP X 400AMP _____ OTHER _____

HUB SIZE - 1 1/4" _____ 1 1/2" _____ 2" _____

DESIRED VOLTAGE 120/240 X OTHER _____

UNDERGROUND SERVICE X OVERHEAD SERVICE _____

=====

DATE COMPLETED: _____ APPROVED BY: _____

OLD METER NUMBER: _____ NEW METER NUMBER: _____

COMMENTS:

CITY OF NAPOLEON

WATER METER YOKE RELEASE FORM

THIS DOCUMENT ENTITLES THE HOLDER TO "ONE" WATER METER YOKE ASSEMBLY
(Please pickup at City Operations Department 1775 Industrial Drive).

PERMIT #: 98090

ISSUED: 04-07-98

JOB LOCATION: 1540 THERSHAN DR

OWNER: DUNBAR, WILLIAM

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CONTRACTOR: MOCK BUEHRER BUILDERS

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WATER SERVICE LINE TO BE TYPE "K" COPPER OR "CTS" POLYETHELENE TUBING OF 1" MINIMUM SIZE.

BACKFLOW DEVICE REQUIRED YES X NO _____

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ISSUED BY _____ RECEIVED BY _____

1-Copy to: Building Dept, Water Dept, and Utilities Dept

No. 502

CERTIFICATE OF OCCUPANCY
THE CITY OF NAPOLEON
ENGINEERING DEPARTMENT
DIVISION OF INSPECTION

This is to certify that the Building or Land as herein described complies with all the building and health laws and ordinances and with the provisions of the Zoning Ordinance.

Location of Occupancy 1540 Sheridan Drive Occupancy Single Family

Owner of Property William & Barbara Address 1540 Sheridan Drive Napoleon

Issued to Same Address Bldg. Permit No. 98090

Zoning R-1 Single Family Residential

Substantial qualifications of occupancy Substantial City Code Compliance
No sleeping rooms in Apartment

This certificate is issued by the City Building Inspector, as provided by law, and is to certify that construction is completed substantially in conformity with the approved plans and permission is hereby granted to occupy such building in compliance with such legal use and occupancy as authorized under the provisions of the ordinances of the City of Napoleon.

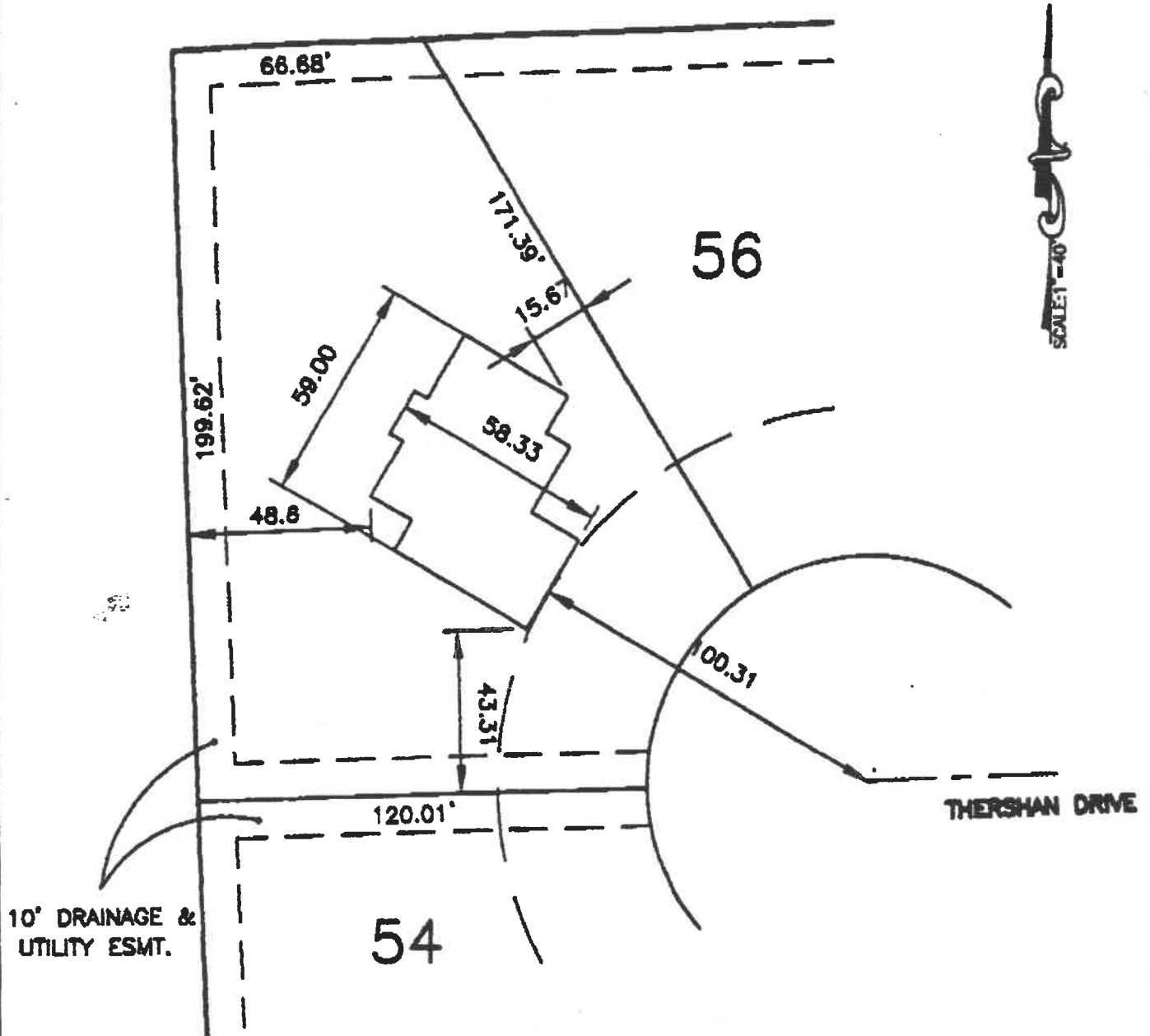
Issued this 31st day of December 1998

This is a valuable record for owner or lessee and should be so preserved.

Signed [Signature] City Building Inspector

**PLOT PLAN OF LOT 55 IN TWIN OAKS
SECOND ADDITION, IN THE CITY OF NAPOLEON,
HENRY COUNTY, STATE OF OHIO**

PREPARED FOR MOCK-BUEHRER BUILDERS



**FELLER-FINCH & ASSOCIATES, INC.
ENGINEERS SURVEYORS**

1683 Woodlands Dr., Maumee, Ohio 43537

REVISED MARCH 12, 1998
OCTOBER 9, 1996

96-2034

88.68'

1540
Thershan

171.39'

56

199.62'



18

120.01'

19

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 98090

DATE ISSUED: 04-07-98

JOB LOCATION: 1540 THERSHAN DR

OWNER: DUNBAR, WILLIAM

OWNER PHONE: 419-592-3478

CONTRACTOR: MOCK BUEHRER BUILDERS

CONTRACTOR PHONE: 419-592-0825

WORK DESCRIPTION: NEW HOME

PLUMBING: UNDGR 4-7-98 RGHIN _____ FINAL 10-23-98

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL 10-23-98

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

SERV UPGR _____

BUILDING: SITE 4-1-98 FTG 4-2-98 FNDDT 4-6-98

STRUC _____ ROOF 10-23-98 EXT 10-23-98

VENT _____ ACCES _____ EGRS _____

SMKDT _____ FINAL _____

ISSUE TEMP OCCUP _____ ISSUE OCCUP 12-31-98

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTOR INITIALS: _____

