

PERMIT

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

NC

Permit No. 789-77 Issued 7-22-77
date

Job Location 720 Tyler St.
address

Pt 6 Tylers 1st Add.
sub-div or legal discript

Issued By [Signature]
building official

Owner Mrs. Robert Herman 592-5937
name tel.

Address 1235 Dodd St.

Agent Darwyn Badenhop 599-0448
builder-eng.-etc. tel.

Address 720 Tyler St.

Description of Use Demolish garage.

Residential XXX
no. dwelling units

Commercial _____ Industrial _____

New _____ 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	-0-	\$10.00
<input type="checkbox"/> ZONING			
<input type="checkbox"/> SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			\$10.00
LESS MIN. FEES PAID _____ <small>date</small>			-0-
BALANCE DUE.....			\$10.00

ZONING INFORMATION

n/a

district	lot dimensions	area	front yd	side yds	rear yd
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr

WORK INFORMATION:

Size: Length 22.5' Width 18.5' Stories 1 Ground Floor Area _____

Height 10' Building Volume (for demo. permit) 4162.5 cu. ' cu. ft.

Electrical: n/a brief description

Plumbing: n/a brief description

Mechanical: n/a brief description

Sign: _____ Dimensions _____ Sign Area _____

Additional Information: _____

Date July 22, 1977 Applicant Signature Mrs. Robert Herman
owner-agent

INSPECTION RECORD

	UNDERGROUND			ROUGH-IN						FINAL		
	Type	Date	By	Type	Date	By	Type	Date	By	Type	Date	By
PLUMBING	Building Drains			Drainage, Waste & Vent Piping			Indirect Waste			Drainage, Waste & Vent Piping		
	Water Piping									Backflow Prevention		
	Building Sewer			Water Piping			Condensate Lines			Water Heater		
	Sewer Connection									FINAL APPROVAL		
MECHANICAL	Refrigerant Piping			Refrigerant Piping			Chimney(s)			Grease Exhaust System		
				Duct Furnace(s)			Fire Dampers			Air Cond. Unit(s)		
	Ducts/ Plenums			Ducts/ Plenums			<input type="checkbox"/> Radiant Htr(s) <input type="checkbox"/> Unit Htr(s)			Refrigeration Equipment		
				Duct Insulation			Pool Heater			Furnace(s)		
				Combustion Products Vents			Ventilation <input type="checkbox"/> Supply <input type="checkbox"/> Exhst.			FINAL APPROVAL		
ELECTRICAL	Conduits & or Cable			Conduits/ Cable			<input type="checkbox"/> Range <input type="checkbox"/> Dryer			Temp Service Temp Lighting		
	Grounding & or Bonding			Rough Wiring			<input type="checkbox"/> Generator(s) <input type="checkbox"/> Motors			Fixtures Lampholders		
	Floor Ducts Raceways			Service Panel Switchboard			<input type="checkbox"/> Water Htr <input type="checkbox"/> Welder			Signs		
	Service Conduit			Busways Ducts			<input type="checkbox"/> Heaters <input type="checkbox"/> Heat Cable			Electric Mtr. Clearance		
	Temporary Power Pole			Subpanels			<input type="checkbox"/> Duct Htr(s) <input type="checkbox"/> Furnace(s)			FINAL APPROVAL		
BUILDING	Location, Set-backs, Esmt(s)			Exterior Wall Construction			Roof Covering Roof Drainage			Smoke Detector		
	Excavation						Exterior Lath			Demolition (sewer cap)		
	Footings & Reinforcing						<input type="checkbox"/> Interior Lath <input type="checkbox"/> Wallboard					
	Floor Slab			Interior Wall Construction			Fire Wall(s)			Building or Structure		
	Foundation Walls			Columns & Supports			Fireplace Chimney					
	Sub-soil Drain			Crawl Space <input type="checkbox"/> Vent <input type="checkbox"/> Access			Attic <input type="checkbox"/> Vent <input type="checkbox"/> Access					
	Piles			Floor System(s)						FINAL APPROVAL BLDG. DEPT.		
			Roof System			Special Insp Reports Rec'd			Certificate of Occupancy Issued			
ADDITIONAL	INSPECTIONS, CORRECTIONS, ETC.						INSPECTIONS, CORRECTIONS, ETC.					
	<i>not started as of 5-22-78</i>											

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

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

Owner's Name MRS. ROBERT HERMAN Address 1235 Dodd St. 592-5937
Builder's Name DARWYN BADENHOP Address 720 TYLER Tel. 599-0448

LOT INFORMATION: (Not required for roofing or siding job.)

Location of Project _____ Lot # _____
Subdivision 720 Tyler St. Lot Area _____ Sq. Ft. _____
Yard Set Back: Front _____ Rear _____ Left Side _____
Right Side _____ Zoning District _____

BUILDING INFORMATION:

Single _____ Double X Multiple _____ New Construction _____
Addition _____ Remodel _____ Attached Garage X _____
Detached Garage _____ Accessory Building _____ Replacement _____

Brief Description of Work: TEARING DOWN GARAGE

Size: Length 22 1/2 Width 18 1/2 No. of Stories 10'

Floor Area: 1st Floor 4162.5 cu. FT Sq. Ft. 2nd Floor _____ Sq. Ft. _____

3rd Floor _____ Sq. Ft. Basement _____ Sq. Ft. _____

Unfinished Attic _____ TEAR DOWN Garage X

Foundation: Piers _____ Full Basement _____ Part Basement _____

Concrete _____ Thickness _____ Block _____ Size _____

Walls: Frame X Block _____ Brick _____ Other _____

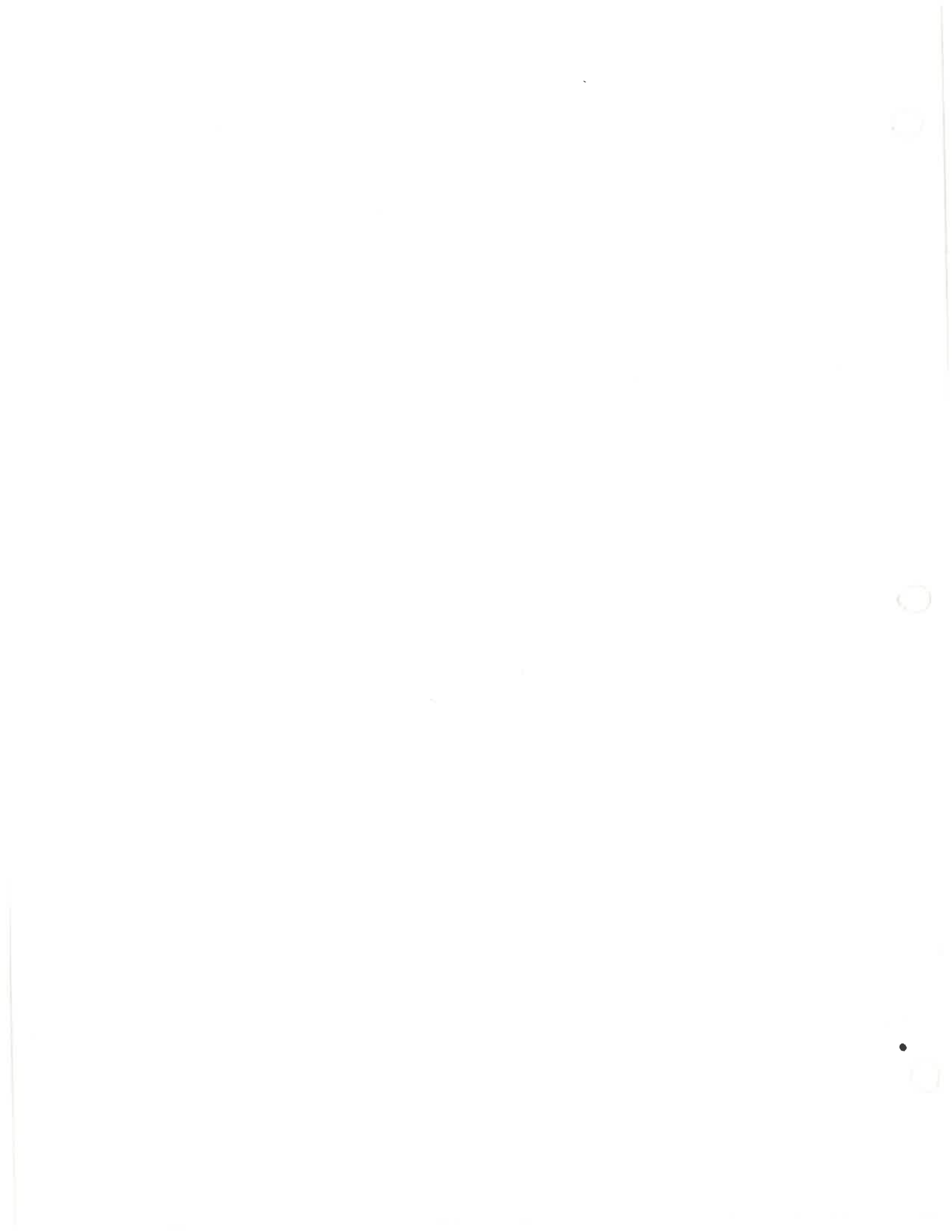
Specific Type of Exterior Siding WOOD

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

ESTIMATED COST OF COMPLETED PROJECT: _____

DATE _____ APPLICANT'S SIGNATURE _____

OWNER-BUILDER-AGENT



7-22-77

An inspection of the garage at
720 7th St. owned by Robt. Herman
was made this date. The property is
free from rodent infestation.

Jim Holtberry

Motorists Mutual Insurance Company of Columbus, Ohio, certifies that the insurance afforded by the policy or policies numbered and described below is in force as of the issuance date of this certificate.

CERTIFICATE OF INSURANCE

Insured's Name and Address:

Dr. Robert G. Herman & Annette M. Herman
431 W. Washington St.
Napoleon, Ohio 43545

Issued at: Napoleon, Ohio

Date 07/22/77

TYPE OF INSURANCE	LIMITS OF LIABILITY	POLICY NUMBER	EXPIRATION DATE
<p>GENERAL LIABILITY</p> <p><input checked="" type="checkbox"/> Owners', Landlords' and Tenants' <input type="checkbox"/> Excluding Structural Alterations</p> <p><input type="checkbox"/> Manufacturers' and Contractors' <input type="checkbox"/> Excluding Independent Contractors</p> <p><input type="checkbox"/> Completed Operations and Products</p> <p><input type="checkbox"/> Comprehensive General Liability <input type="checkbox"/> Excluding Completed Operations and Products</p>	<p>BODILY INJURY</p> <p>\$ 100,000 Each Occurrence \$ 100,000 Aggregate</p> <p>PROPERTY DAMAGE</p> <p>\$ 5,000 Each Occurrence \$ 25,000 Aggregate</p>	GA-30.20702B07	02/07/78
<p>AUTOMOBILE LIABILITY</p> <p>* <input type="checkbox"/> Automobiles Described Below <input type="checkbox"/> Scheduled Owned Automobiles <input type="checkbox"/> Hired Automobiles <input type="checkbox"/> Non-owned Automobiles</p> <p><input type="checkbox"/> Comprehensive Automobile Liability Including Hired & Non-Owned Automobiles</p>	<p>BODILY INJURY</p> <p>\$ Each Person \$ Each Occurrence</p> <p>PROPERTY DAMAGE</p> <p>\$ Each Occurrence</p>		
<p>GARAGE LIABILITY</p> <p><input type="checkbox"/> Garage Operations (all autos) <input type="checkbox"/> Garage Operations (autos not owned or hired)</p>	<p>BODILY INJURY</p> <p>\$ Each Person \$ Each Occurrence</p> <p>PROPERTY DAMAGE</p> <p>\$ Each Occurrence</p>		

(Designates Insurance Afforded or Hazard Excluded)
 * Described Automobile(s):

This certificate of insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by Motorists Mutual Insurance Company policy(s) numbered herein.

MOTORISTS MUTUAL INSURANCE COMPANY

By Elston W. Meyer
 Authorized Representative

