

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

Permit No. 3521 Issued 5-3-95
 Job Location 323 Union
 Lot _____
 Issued by BND
 Owner Neal Thomas
 Address 12-564 Co. Rd. P, Napoleon
 Agent Self
 Address _____
 Use Type - Residential XX
 Other - Describe _____
 No. Dwelling Units _____
 New _____ Replacement _____
 Add'n. _____ Alter _____ Remodel XX
 Mixed Occupancy _____
 Change of Occupancy _____
 Estimated Cost \$ 12,000.00

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> Building	\$ 9.00	\$ 52.00	\$ 61.00
<input checked="" type="checkbox"/> Electrical	\$ 15.00	\$ 45.00	\$ 60.00
<input checked="" type="checkbox"/> Plumbing	\$ 9.00	\$ 9.00	\$ 18.00
<input checked="" type="checkbox"/> Mechanical	\$ 18.00		\$ 18.00
<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.....			\$ 157.00
LESS FEES PAID.....			\$
BALANCE DUE.....			\$ 157.00

ZONING INFORMATION

district	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: _____

PAID
 OCT 06 1995
 CITY OF NAPOLEON

Additional Information: One to twin family conversion & remodel
 Date 5-3-95 Applicant Signature Neal Thomas

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. 3521 ISSUED 5-3-95

JOB LOCATION 323 Union

LOT _____
(Subdivision or Legal Description)

ISSUED BY BND
(Building Official)

OWNER Neal Thomas PHONE 592-7390

ADDRESS 12-564 Co. Rd. P

AGENT Self PHONE _____

ADDRESS _____

USE: Residential Commercial Industrial
 Other _____

WORK: New Addition Replacement Remodel

ESTIMATED COST = \$ 12,000.00

	<u>Base</u>	<u>Plus</u>	<u>Total</u>
<input checked="" type="checkbox"/> Building	\$ <u>9.00</u>	\$ <u>52.00</u>	\$ <u>61.00</u>
<input checked="" type="checkbox"/> Electrical	\$ <u>15.00</u>	\$ <u>45.00</u>	\$ <u>60.00</u>
<input checked="" type="checkbox"/> Plumbing	\$ <u>9.00</u>	\$ <u>9.00</u>	\$ <u>18.00</u>
<input checked="" type="checkbox"/> Mechanical	\$ <u>18.00</u>	\$ _____	\$ <u>18.00</u>
<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 \$ 157.00
Less Fees Paid \$ _____
BALANCE DUE \$ 157.00

ZONING INFORMATION

<u>District</u>	<u>Lot Dimensions</u>	<u>Area</u>	<u>Front Yard</u>	<u>Side Yard</u>	<u>Rear Yard</u>

<u>Max Height</u>	<u>No. Pkg. Spaces</u>	<u>No. Ldg. Spaces</u>	<u>Max Cover</u>	<u>Petition or Appeal Required-Date</u>

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: Length _____ Width _____ Stories _____ Height _____
Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: One to two family conversion + remodel.

ELECTRICAL: Contractor _____ Phone _____

Address _____ ESTIMATED COST = \$ _____

Type of Work: () New () Service Change () Rewiring () Add'l Wiring TEMPORARY ELEC. REQUIRED - () Yes () No

Size of Service 2 @ 100 Underground _____ Overhead _____ Number of New Circuits 15

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 2 Number of Hot Air Runs 9

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** _____

METER YOKE RELEASE

This document is for the release of one (1) Water Meter Yoke for Residential water service lines.

RELEASE NO. 180

COMPLETED

PERMIT NO. 3521 ISSUED 12-4-95

JOB LOCATION 323 Union

- Inside City Limits () - Outside City Limits

ISSUED BY BND

OWNER Neal Thomas

ADDRESS 12-564 Co. Rd. P Popotcon

CONTRACTOR Same

ADDRESS _____

CONTRACTOR'S PHONE NO. 599-2427

WATER TAP SIZE: () = 1" () = 1-1/2" () = 2"

WATER METER s# _____

() - New Dwelling () - Existing Dwelling

() - Lawn Meter

Water Service Line to be Type (K) Copper or (CTS) Polyethelene Tubing of one inch (1") minimum.

Watts No. 7 Dual check required () = Yes () = No

Water Meter Yoke installation is subject to the following conditions:

- 1.) Must be located in an accessible area.
- 2.) Must be in an area not subject to freezing temperatures.
- 3.) Must be eighteen inches (18") above floor level, not in crawl spaces.
- 4.) Must comply with the mounting criteria and clearances as set forth in DRAWING #04403901.

METER YOKE RELEASE

This document is for the release of one (1) Water Meter Yoke for Residential water service lines.

RELEASE NO. 181

COMPLETED

PERMIT NO. 3521 ISSUED 12-4-95

JOB LOCATION 323 Union

- Inside City Limits () - Outside City Limits

ISSUED BY BND

OWNER Neal Thomas

ADDRESS 12-564 Co. Rd. P Napoleon

CONTRACTOR Same

ADDRESS _____

CONTRACTOR'S PHONE NO. 599-2427

WATER TAP SIZE: = 1" () = 1-1/2" () = 2"

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