

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

255 West Riverview Avenue, Napoleon, Ohio 43545 - 419-592-4010

Permit No. 01452 Issued 9-16-87
date

Job Location 509 E. Washington
address

Lot 12 R.K. Scotts First Addition
sub-div or legal discript

Issued By Eldon Huber
building official

Owner Jeff & Karen Griggs
name tel.

Address 509 E. Washington

Agent Self
builder-eng.-etc. tel.

Address _____

Description of Use Residence

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel X

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 2,000.00

	FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING		6.00	12.00	18.00
<input type="checkbox"/> ELECTRICAL				
<input type="checkbox"/> PLUMBING				
<input type="checkbox"/> MECHANICAL				
<input type="checkbox"/> DEMOLITION				
<input type="checkbox"/> ZONING				
<input type="checkbox"/> SIGN				
WATER TAP				
SEWER TAP				
TEMP. ELECT.				
ADDITIONAL PLAN REVIEW	Struct. _____ hrs			
	Elect. _____ hrs			
TOTAL FEES.....				18.00
LESS MIN. FEES PAID _____				
				<small>date</small>
BALANCE DUE.....				

ZONING INFORMATION N.A.

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

WORK INFORMATION: N.A.

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____

Height _____ Building Volume (for demo. permit) _____ cu. ft.

Electrical: N.A.
brief description

Plumbing: N.A.
brief description

Mechanical: N.A.
brief description

Sign: N.A. Dimensions _____ Sign Area _____
type

Additional Information: Install styrofoam backer and new vinyl siding over existing.

Date 9-15-87 Applicant Signature Jeff Griggs owner-agent CITY OF NAPOLEON
 1987

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.		1/19/81
			Roof System			Special Insp Reports Rec'd		Certificate of Occupancy Issued			
ADDITIONAL	INSPECTIONS, CORRECTIONS, ETC.					INSPECTIONS, CORRECTIONS, ETC.					

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

01452 255 West Riverview Avenue, Napoleon, Ohio 43545 - 419-592-4010

Permit No. [REDACTED] Issued 9-15-87
date

Job Location 509 E. WASHINGTON
address

Lot 12 R.K. SCOTTS FIRST ADD
sub-div or legal discript

Issued By E
building official

Owner JEFF KAREO GRIGGS
name tel.

Address 509 E. WASHINGTON

Agent SELF
builder-eng.-etc. tel.

Address _____

Description of Use RESIDENCE

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 2000.00

FEES	BASE	PLUS	TOTAL
BUILDING	6.00	12.00	18.00
ELECTRICAL			
PLUMBING			
MECHANICAL			
DEMOLITION			
ZONING			
SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			18.00
LESS MIN. FEES PAID _____			
			<small>date</small>
BALANCE DUE.....			

ZONING INFORMATION N.A.

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

WORK INFORMATION: N.A.

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____

Height _____ Building Volume (for demo. permit) _____ cu. ft.

Electrical: N.A. brief description

Plumbing: N.A. brief description

Mechanical: N.A. brief description

Sign: N.A. Dimensions Sign Area

Additional Information: INSTALL STYROFOAM TRACKER AND NEW VINYL SIDING OVER EXISTING

Date _____ Applicant Signature _____
owner-agent

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 accordance with the City of Napoleon's adopted Building Codes.

Location of project 509 EAST WASHINGTON ST Cost of project \$1000.00
 Owner's Name Jeff + Karen Briggs Address 509 EAST WASHINGTON ST.
 Contractor Self Telephone No. 599-0817
 Address _____

Lot Information: (Not required for siding job)

Lot No. _____ Subdivision _____
 Zoning District _____ Lot Size _____ ft. X _____ ft. Area _____ sq. ft.
 Setbacks: Front _____ Right Side _____ Left Side _____ Rear _____

Work Information:

Residential 1 unit Commercial _____ Industrial _____
 New Construction _____ Addition _____ Remodel _____
 Accessory Building _____ Siding VINYL

Brief Description of Work: ----- INSTALL STYROFOAM BACKING
AND VINYL SIDING OVER EXISTING

Size: Length _____ Width _____ No. of Stories _____
 Area: 1st Floor _____ sq. ft. Basement _____ sq. ft.
 2nd Floor _____ sq. ft. Accessory Bldg. _____ sq. ft.
 3rd Floor _____ sq. ft. Other _____ sq. ft.

Additional Information: _____

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 9-15-87 Applicant's Signature Jeff Briggs

PERMIT NO. 01452
 PERMIT FEE \$ 18.00

