PERMIT

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

28 and 3271 vs and 27/12/04	STACE			
Permit NoIssued 07/13/94	FEES	BASE	PLUS	TOTAL
Job Location 643 W. Washington St.	[X]Building	\$ 9.00	\$ 36.00	\$ 45.00
Lot	[]Electrical	\$	\$	\$\$
Issued by Brent N. Damman	[]Plumbing	\$	\$	\$
Owner Rick Small 599-1807	[]Mechanical	\$	\$	\$\$
Address 643 W. Washington St.	[]Demolition	\$	\$	\$\$
Agent Napoleon Glass & Mirror 592-7270	[]Zoning	\$	\$	\$
Address 210 E. Riverview Ave.	[]Sign	\$	\$	\$\$
Use Type - Residential X	[]Water Tap	\$	\$	\$\$
Other - Describe	[]Sew. Insp.	\$	\$	\$
No. Dwelling Units	[]Sewer Tap	\$	\$	\$
NewReplacement	[]Temp.Water	\$	\$\$	\$\$
Add'n. X Alter Remodel	[]Temp.Elec.	\$ 2 80 145	\$\$	\$
Mixed Occupancy	TOTAL FI	EES		\$ 45.00
Change of Occupancy	LESS FE	ES PAID		\$ 45.00
Estimated Cost \$ 4,300.00	BALANCE	DUE		\$
ZONING INFORMATION				
district lot dimensions	area front	yd	side yd	rear yd
max hgt no pkg spaces no ldg spaces	max cover	petition or app	peal req'd	date appr
WORK INFORMATION		Columns & Supports Crawl Space		Foundation Sub-applied
Size: LengthWidth		Floor System Lab		10000
HeightBuilding Volume		1-241		
Electrical:	CTIONS, ETC.	NS CORRE	INSPECTIO	
Plumbing:				
Mechanical:			OND	14. 1800
Additional Information: Replacement W	lindows		/ *	3 100160
Date $7-13$ Applicant Signature N	No Swe	ber	1111	of MAROLEON Auditor
White-Building Department Yellow-Applicant Pink-Electric		Clerk-Treasurer	Gold-County	Auditor

INSPECTION RECORD

	UNDERGR	OUNE	[4]	10 43545 -	no ,	ROUG	Avenue, MI-HE	1ew	erv	IAMI WEST KIT	-	
	Туре	Date	Ву	Туре	Date	Ву	Туре	Date	Ву	Type	Date	Ву
	Building Drains	PLU		Drainage, Waste & Vent Piping	'EES	1	Indirect Waste	SSU		Drainage, Waste & Vent Piping	mit	.99
5NI	Water Piping		\$	00.8 8 9.00	الأطا	ДВV	igho St.	tritus		Backflow Prevention	ol c	OU
PLUMBING	Building Sewer		đ	Water & Isoi Piping	ectr	[三[Condensate Lines			Water Heater		Lo
귑	\$		\$	3 bu	idmu.]P]		nson	GG (7	by Brent N.	sued	Is
	Sewer Connection		\$	ical \$	chan	эМ[563	1-64	3	FINAL APPROVAL	_ier_	two
	Refrigerant Piping		3	Refrigerant Piping	moli] De	Chimney(s)	1505	mi	Grease Exhaust System	res	Ado
CAL	\$		8	Duct Furnace(s)	ning	JZc	Fire Dampers		<u>,</u> 61	Air Cond. Unit(s)	ent_	Age
MECHANICAL	Ducts/ Plenums		3	Ducts/ Plenums	gn]Si	□ Radiant Htr(s) □ Unit Htr(s)	120.	173	Refrigeration Equipment	res	Add
MECH	- 3		#	Duct a gs1	ter	BW[Pool Heater		ial	Furnace(s) - 90	ĂД,	Use
2			D	Combustion Car Products Vents	I.w]Se	Ventilation □ Supply □ Exhst.			FINAL APPROVAL	er.	Oti
	Conduits & or Cable		ď.	Conduits/ Q 6 1	wer	edl	□ Range □ Dryer			Temp Service Temp Lighting	Wu	O VA
AL:	Grounding & or Bonding		\$	Rough 4 1918 Wiring	W.qm	9T[□ Generator(s) □ Motors	nt	eme	Fixtures Lampholders		Nev
TRIC	Floor Ducts Raceways		\$	Service Panel Switchboard	H.qm	eT[□ Water Htr □ Welder	Remo		Signs	.n	Ado
ELECTRICAL	Service Conduit			Busways 171	TOT.		□ Heaters □ Heat Cable			Electric Mtr.	ed (CIM
0.0	Temporary Power Pole			Subpanels	LES		□ Duct Htr(s) □ Furnace(s)			FINAL APPROVAL	nge	Cha
	Location, Set- backs, Esmt(s)	>0.0 × 0.0		Exterior Wall Construction	LLAd		Roof Covering Roof Drainage	WW.	300	Smoke J200 De: Detector	Lina	tst tst
	Excavation					14	Exterior Lath			Demolition (sewer cap)	ING	40S
	Footings & Reinforcing	yd	side	front yd		£	□ Interior Lath □ Wallboard	ensions	mib	rol Is	distri	1
DIN	Floor Slab	p,be	r leat	Interior Wall Construction	COVE?	ma	Fire seeses got on Wall(s)		89	Building or Structure	max t	
	Foundation Walls			Columns & Supports		(1) A A A A A A A A A A A A A A A A A A A	Fireplace Chimney			FORMATION	AT X	HOV
	Sub-soil Drain	ree U	I A	Crawl Space □ Vent □ Access	3	i a e	Attic Uvent DAccess	+Biu		Windows	1/14	20
	Piles		10-4	Floor System(s)	Ners of T	~ ~ 3	A provident peril	T 2 44 0		FINAL APPROVAL BLDG. DEPT.		
				Roof System	DINISC	201	Special Insp Reports Rec'd	TING		Certificate of Occupancy Issued		- F.E
	INSPECTIONS, CORRECTIONS, ETC.				INSPECTIONS, CORRECTIONS, ETC.				e Co			
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ADDITIONAL	03 70 70									TOWNS TO LOS		k. In Z
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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.		Base	Plus	Total		
PERMIT NO. 3271 ISSUED 7-13-94	(∜Building	\$ 9,00		\$ 45.00		
JOB LOCATION 643 W. Washington	()Electrical	\$	\$	\$		
LOT (Subdivision or Legal Description)	()Plumbing	\$	\$	\$		
	()Mechanical	¢				
ISSUED BY BND	()mechanical	3	\$	_ \$		
(Building Official)	()Demolition	\$	\$	\$		
OWNER Rick Small PHONE 599-1807	()Zoning	\$	\$	\$		
ADDRESS 643 W. Washnigton	()Sign	. \$	\$	\$		
AGENT Mapoleon Glass+ Mir BHONE 592-7270	()Water Tap	\$	\$	\$		
ADDRESS 210 E. Riverview	()Sewer Tap	\$	\$	\$		
USE: () Residential () Commercial () Industrial () Other	()Temp Water	\$	\$	\$		
WORK: () New () Addition () Replacement () Remodel	()Temp Elec.	\$	\$	\$:		
	Additional	Structure _	Hours			
ESTIMATED COST = \$ 4300,000	Plan Review:	Electric	Hours	•		
	TOTAL FEES			. \$ 45,00		
ZONING INFORMATION	Less Fees	s Paid		. \$ X5.00		
District Lot Dimensions Area	Front Ya			lear Yard		
		<u> </u>	<u> </u>	cai faiu		
	•			-5		
Max Height No. Pkg. Spaces No. Ldg. Spaces	Max Cove	r <u>Petitio</u>	on or Appeal	Required-Date		
			F			
WORK INFORMATION			•			
Building: Ground Floor Area sq. ft.	Basement Floor A	rea	sa. ft	L.		
Garage Floor Area sq. ft. 2nd Floor Area sq. ft. Other sq. ft.						
Size: Width Length Stories Weight						
Building Volume (for Demolition Permit) cubic feet						
Building Volume (for Demolition Permit) cubic feet Description of Work: Replacement windows PAID JUL 13 1994						
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			JU OF NA			

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:	ELECTRICAL:	Contractor	Phone
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:			
Description of Work: PlumbING: Contractor Phone	Type of Work:		
Address		Size of Service Underground Overhead	Number of New Circuits
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 Number of Hot Air Runs 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 deltion of the C.A.B.O. Rullidine Code, the Nanoleone Building accode, the N	Description of	Work:	
WATER TAP REQUIRED - ()Yes ()No Size Type of Pipe Dr. Waste Vt. Pipe SANITARY SEWER TAP REQUIRED - ()Yes ()No Size Type of Pipe Dr. Waste Vt. Pipe STREET SEWER TAP REQUIRED - ()Yes ()No	PLUMBING:	Contractor	Phone
SANITARY SEWER TAP REQUIRED - ()Yes ()No Size		Address	ESTIMATED COST = \$
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: 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 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, Flectrical 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. READ AND SIGN BELOW: The undersigned with all applicable provisions of the current edition of the C.A.B.O. 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 t	WATER TAP REQU	JIRED ()Yes ()No Size Type of Pipe	Water Dist. Pipe
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Description of Work: MECHANICAL: Contractor Address BESTIMATED COST = \$			
Address		•	¥
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Signature of Applicant Date	Signature of	Applicant	Date