

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

Permit No. 3090 Issued 11/16/93
 Job Location 927 W. Washington St.
 Lot _____
 Issued by Brent N. Damman
 Owner Richard Wiles 599-1058
Napoleon, OH
 Address 927 W. Washington St.
 Agent Westhoven Blvd.
 Address 8-927 P-3 Rt. #5 Napoleon, OH
 Use Type - Residential X
 Other - Describe _____
 No. Dwelling Units _____
 New _____ Replacement _____
 Add'n. _____ Alter _____ Remodel X
 Mixed Occupancy _____
 Change of Occupancy _____
 Estimated Cost \$ 20,000.00

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> Building	\$ 9,00	\$ 68.00	\$ 77.00
<input checked="" type="checkbox"/> Electrical	\$	\$ 3.00	\$ 3.00
<input checked="" type="checkbox"/> Plumbing	\$ 9.00	\$	\$ 9.00
<input type="checkbox"/> Mechanical	\$	\$	\$
<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.....			\$ 89.00
LESS FEES PAID.....			\$ 89.00
BALANCE DUE.....			\$ -0-

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: _____

Additional Information: Garage Conversion to bedroom & remodel
 Date 11-16-93 Applicant Signature Brent N. Damman

CITY OF NAPOLEON
NOV 16 1993
PAID

INSPECTION RECORD

CITY OF NAPOLCON, OHIO - BUILDING DEPARTMENT
WEST RIVER AVENUE, NOLCON, OHIO 43542

UNDERGROUND			ROUGH-IN						FINAL			
PLUMBING	Type	Date	By	Type	Date	By	Type	Date	By	Type	Date	By
		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	11/23	PD	<input type="checkbox"/> Range <input type="checkbox"/> Dryer			Temp Service Temp Lighting		
	Grounding & or Bonding			Rough Wiring	12/15	BD	<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	11/23	BD	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	12/15	BD	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.	3/21	BD
				Roof System			Special Insp Reports Rec'd			Certificate of Occupancy Issued		
ADDITIONAL	INSPECTIONS, CORRECTIONS, ETC.						INSPECTIONS, CORRECTIONS, ETC.					

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. 3090 ISSUED 11-16-93

JOB LOCATION 927 W. Washington

LOT _____
(Subdivision or Legal Description)

ISSUED BY _____
(Building Official)

OWNER Richard Wites PHONE 599-1058

ADDRESS 927 W. Washington Napoleon

AGENT Westhoren Bldrs. PHONE _____

ADDRESS 8-927 P-3 Rt 5 Napoleon Oh

USE: Residential Commercial Industrial
 Other _____

WORK: New Addition Replacement Remodel

ESTIMATED COST = \$ 20,000.00

	<u>Base</u>	<u>Plus</u>	<u>Total</u>
<input checked="" type="checkbox"/> Building	\$ <u>9.00</u>	\$ <u>76.00</u> <u>22.00</u> <u>28.00</u>	\$ <u>77.00</u>
<input checked="" type="checkbox"/> Electrical	\$ _____	\$ <u>3.00</u>	\$ <u>3.00</u>
<input checked="" type="checkbox"/> Plumbing	\$ <u>9.00</u>	\$ _____	\$ <u>9.00</u>
<input type="checkbox"/> Mechanical	\$ _____	\$ _____	\$ _____
<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 Plan Review: Structure _____ Hours _____
Electric _____ Hours _____

TOTAL FEES	\$ <u>89.00</u>
Less Fees Paid	\$ <u>89.00</u>
BALANCE DUE	\$ <u>-0-</u>

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

Description of Work: garage conversion to bedroom + remodel

