

PERMIT

CITY OF NAPOLEON, OHIO — DEPT. OF BUILDING & ZONING
255 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 592-4010

Permit No. 213 Date March 26, 1981
 Job Location 623 Wayne Valuation \$ 2,330.00
 Owner Estella Young Address 623 Wayne
 Contractor Beck's Construction Telephone No. 592-8307
 Address Co. Rd. M
 Electric Contractor SAME
 Plumbing Contractor _____
 Mechanical Contractor _____

This permit is issued for work described in the plans, specifications, and/or application submitted, as approved by the Building Commissioner of the City of Napoleon, Ohio. Work shall conform to all pertinent construction and land use Codes and Ordinances.

Work Information:

Residential XX(1) Commercial _____ Industrial _____
No. dwelling units
 New Construction Remodel Home Addition _____ Remodel XX
 Brief Description of Work _____

ISSUED BY Richard D. Hayman DEPT. OF BUILDING & ZONING
Building Official

It is the owners or contractors responsibility to call the Building Department for the following (X) inspections:

- Footing excavation prior to placing concrete.
- Footing drains and foundation prior to backfill.
- Prepared sub-grade prior to placing concrete floor slab.
- Sanitary sewer
- Rough-in electrical, plumbing and service framing prior to installing wall board.
- Final electrical, plumbing and heating.
- Final building inspection, prior to occupancy.

PERMIT & FEES

Building Permit	\$ 9.00
Electrical Permit	\$ 9.00
Plumbing Permit	\$ _____
Mechanical Permit	\$ _____
Demolition Permit	\$ _____
Zoning Permit	\$ _____
Sign Permit	\$ _____
Water Tap	\$ _____
Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other	\$ _____
TOTAL FEES	\$ 18.00
LESS FEES PAID	\$ -0-
BALANCE DUE	\$ 18.00

PAID
 APR 20 1981
 CITY OF NAPOLEON

Permit is not valid until all fees are paid in full, and shall be void if work is not started within six months of date above.

CDBG

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 623 WAYNE Cost of project 2,001.00+

Owner's Name ESTELLA YOUNG Address 623 WAYNE

Contractor BEUC'S Telephone No. 592-8307

Address Co. Rd M

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 Commercial _____ Industrial _____

New Construction _____ Addition _____ Remodel

Accessory Building _____ Siding _____

Brief Description of Work: (CDBG) Remodel Resid. (Specific Type)

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 _____ Applicant's Signature _____

PERMIT NO. 113

PERMIT FEE 9.00

CITY OF NAPOLEON
BUILDING INSPECTION DEPARTMENT
APPLICATION FOR ELECTRICAL PERMIT
(Please print or type)

The undersigned hereby makes application for installation or replacement of electrical equipment as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Electrical Codes.

Owner's Name ESTERNA YOUNG Address 623 WAYNE

Electrical Contractor _____ Telephone No. _____

Address _____

General Contractor _____ Telephone No. _____

Address _____

Location of Project 623 WAYNE Cost of Project Sec bldg.

Work Information:

Residential X Commercial _____ Industrial _____

No. Units

New _____ Service Change _____ Rewiring X Additional Wiring X

Brief Description of Work: _____

Size of proposed service entrance 100 A. Number of new circuits 4

Type of proposed service entrance _____ Underground _____ Overhead X

Require Temporary Electric _____ (Yes or No)

Total Floor Area - Commercial and Industrial only _____ sq. ft.

Additional Information: _____

*Ground fault circuit interrupter protection is required on all 120-volt single phase, 15 and 20 amp. Circuits which are part of a temporary electric service: and also on bathroom, outdoor, and garage receptacles in all dwelling units. Art. 210-8 N.E.C.

*Application for permit shall be accompanied by two complete sets of plans including: Electrical layout and riser diagram. (For commercial and industrial work only).

Date _____ Applicant's Signature _____

PERMIT NO. 413
PERMIT FEE \$ 900

PERMIT

CITY OF NAPOLEON, OHIO — DEPT. OF BUILDING & ZONING
255 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 592-4010

Permit No. 313 Date March 26, 1981

Job Location 623 Wayne Valuation \$ 2,330.00

Owner Estella Young Address 623 Wayne

Contractor Beck's Construction Name Beck's Construction Address Co. Rd. X Telephone No. 592-8307

Electric Contractor _____

Plumbing Contractor _____

Mechanical Contractor _____

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Work Information:

Residential 22(1) Commercial _____ Industrial _____

New Construction _____ Addition _____ Remodel X

Brief Description of Work _____

ISSUED BY _____ DEPT. OF BUILDING & ZONING

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Plumbing Permit	\$ _____
Mechanical Permit	\$ _____
Demolition Permit	\$ _____
Zoning Permit	\$ _____
Sign Permit	\$ _____
Water Tap	\$ _____
Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other _____	\$ _____
TOTAL FEES	\$ <u>18.00</u>
LESS FEES PAID	\$ <u>0.00</u>
BALANCE DUE	\$ <u>18.00</u>

PAID
CITY OF NAPOLEON

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INSPECTION RECORD

UNDERGROUND		ROUGH-IN & FINAL			
Type	Date	By	Type	Date	By
PLUMBING	Sewer Connection		Drainage, W. & Vent		
	Building Sewer		Water Piping		
	Water Piping	10	Condensate Lines		
			Indirect Waste		
ELECTRICAL	Floor Ducts Raceways		Rough Wiring	11	
	Conduits & or Cable	11	Conduits/ Cable		
	Grounding & Bonding	11	Service Panel		
			Switchboard		
MECHANICAL			Subpanels		
			<input type="checkbox"/> Range <input type="checkbox"/> Dryer		FINAL APPROVAL
	Refrigerant Piping		Refrigerant Piping		
	Ducts/ Plenums		Ducts/ Plenums		
BUILDING			Ventilation <input type="checkbox"/> Supply <input type="checkbox"/> Exhst.		
	Location, Set-backs, Esmt(s)		Wall Construction		
	Excavation		Crawl Space <input type="checkbox"/> Vent <input type="checkbox"/> Access		
	Footings & Reinforcing		Floor System(s)		
		Sub-soil Drain	Roof System		
		Foundation Walls	Fire Wall(s)		
		Floor Slab	Roof Cover Roof Drain		
FINAL APPROVAL BLDG. DEPT.		Certificate of Occupancy Issued		#	