

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

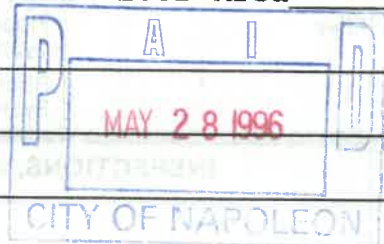
| Permit No. <u>3912</u> Issued <u>05/28/96</u> Job Location <u>839 Welsted</u> Lot _____ Issued by <u>Brent N. Damman</u> Owner <u>Craig Cullen 599-5443</u> Address <u>839 Welsted St.</u> Agent <u>Self</u> Address _____ Use Type - Residential <u>X</u> Other - Describe _____ No. Dwelling Units _____ New <u>X</u> Replacement _____ Add'n. <u>Alter</u> Remodel _____ Occupancy _____ Change of Occupancy _____ Estimated Cost \$ <u>2500.00</u> | <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">FEES</th> <th style="text-align: left;">BASE</th> <th style="text-align: left;">PLUS</th> <th style="text-align: left;">TOTAL</th> </tr> <tr> <td><input type="checkbox"/> Building</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Electrical</td> <td>\$ _____</td> <td>\$ <u>6.00</u></td> <td>\$ <u>6.00</u></td> </tr> <tr> <td><input type="checkbox"/> Plumbing</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Mechanical</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Demolition</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Zoning</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Sign</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Water Tap</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Sew. Insp.</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Sewer Tap</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Temp. Water</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Temp. Elec.</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td colspan="3" style="text-align: right;">TOTAL FEES.....</td> <td>\$ <u>6.00</u></td> </tr> <tr> <td colspan="3" style="text-align: right;">LESS FEES PAID.....</td> <td>\$ <u>6.00</u></td> </tr> <tr> <td colspan="3" style="text-align: right;">BALANCE DUE.....</td> <td>\$ <u>-0-</u></td> </tr> </table> | FEES | BASE | PLUS | TOTAL | <input type="checkbox"/> Building | \$ _____ | \$ _____ | \$ _____ | <input checked="" type="checkbox"/> Electrical | \$ _____ | \$ <u>6.00</u> | \$ <u>6.00</u> | <input type="checkbox"/> Plumbing | \$ _____ | \$ _____ | \$ _____ | <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..... | | | \$ <u>6.00</u> | LESS FEES PAID..... | | | \$ <u>6.00</u> | BALANCE DUE..... | | | \$ <u>-0-</u> |
|---|---|----------------|----------------|------|-------|-----------------------------------|----------|----------|----------|--|----------|----------------|----------------|-----------------------------------|----------|----------|----------|-------------------------------------|----------|----------|----------|-------------------------------------|----------|----------|----------|---------------------------------|----------|----------|----------|-------------------------------|----------|----------|----------|------------------------------------|----------|----------|----------|-------------------------------------|----------|----------|----------|------------------------------------|----------|----------|----------|--------------------------------------|----------|----------|----------|--------------------------------------|----------|----------|----------|-----------------|--|--|----------------|---------------------|--|--|----------------|------------------|--|--|---------------|
| FEES | BASE | PLUS | TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Building | \$ _____ | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Electrical | \$ _____ | \$ <u>6.00</u> | \$ <u>6.00</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Plumbing | \$ _____ | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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..... | | | \$ <u>6.00</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LESS FEES PAID..... | | | \$ <u>6.00</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BALANCE DUE..... | | | \$ <u>-0-</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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: 24' above ground pool
 Date 5-28-96 Applicant Signature *Kathy Cullen*

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. 3912 ISSUED 5-28-96

JOB LOCATION 839 West St D

LOT _____
 (Subdivision or Legal Description)

ISSUED BY BUD
 (Building Official)

OWNER Craig Cullen PHONE 599-5443

ADDRESS 839 West St D 92

AGENT self PHONE _____

ADDRESS _____

USE: Residential () Commercial () Industrial
 () Other _____

WORK: New () Addition () Replacement () Remodel

ESTIMATED COST = \$ 2,500.00

| | <u>Base</u> | <u>Plus</u> | <u>Total</u> |
|----------------|-------------|----------------|----------------|
| () Building | \$ _____ | \$ _____ | \$ _____ |
| (X) Electrical | \$ _____ | \$ <u>6.00</u> | \$ <u>6.00</u> |
| () Plumbing | \$ _____ | \$ _____ | \$ _____ |
| () Mechanical | \$ _____ | \$ _____ | \$ _____ |
| () Demolition | \$ _____ | \$ _____ | \$ _____ |
| () Zoning | \$ _____ | \$ _____ | \$ _____ |
| () Sign | \$ _____ | \$ _____ | \$ _____ |
| () Water Tap | \$ _____ | \$ _____ | \$ _____ |
| () Sewer Tap | \$ _____ | \$ _____ | \$ _____ |
| () Temp Water | \$ _____ | \$ _____ | \$ _____ |
| () Temp Elec. | \$ _____ | \$ _____ | \$ _____ |

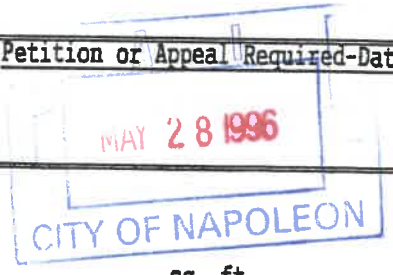
Additional Structure _____ Hours _____
 Plan Review: Electric _____ Hours _____

TOTAL FEES \$ 6.00
 Less Fees Paid \$ 6.00
 BALANCE DUE \$ 0

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: 24' above ground pool

ELECTRICAL: Contractor _____ Phone _____
Address _____ ESTIMATED COST = \$ _____

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: 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 _____ 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, 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 _____