

PERMIT
CITY OF NAPOLEON - BUILDING DEPARTMENT

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

Permit No. 02032 Issued 7-10-90
date

Job Location 852 Welsted, Napoleon
address

Lot 28 Glendale Addition
sub-div or legal discript

Issued By Brent N. Damman
building official

Owner Michael L. Mansfield 599-4318
name tel.

Address 852 Welsted, Napoleon

Agent Self
builder-eng.-etc. tel.

Address _____

Description of Use Residence

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. X Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 15,000.00

| FEES | BASE | PLUS | TOTAL |
|---|-------------------|------------------|--------|
| <input checked="" type="checkbox"/> BUILDING | 9.00 | 47.00 | 56.00 |
| <input checked="" type="checkbox"/> ELECTRICAL | 15.00 | 21.00 | 36.00 |
| <input checked="" type="checkbox"/> PLUMBING | 9.00 | 21.00 | 30.00 |
| <input checked="" type="checkbox"/> MECHANICAL | 18.00 | | 18.00 |
| <input checked="" 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. ELECT. | | | |
| ADDITIONAL PLAN REVIEW | Struct. _____ hrs | Elect. _____ hrs | |
| TOTAL FEES..... | | | 140.00 |
| LESS MIN. FEES PAID <u>7/10/90</u> <small>date</small> | | | 140.00 |
| BALANCE DUE..... | | | -0- |

ZONING INFORMATION

| district | lot dimensions | area | front yd existing | side yds | rear yd |
|----------|----------------|---------------|-------------------|--------------------------|-----------|
| A | 58.4' x 150' | 8760 | | L-7.5' R-34.9' | 80' |
| max hgt | no pkg spaces | no ldg spaces | max cover | petition or appeal req'd | date appr |
| 35' | 2 per | | 35% | | |

WORK INFORMATION:

Size: Length 25 Width 12 Stories 2 Ground Floor Area 310 sq ft

Height 26' Building Volume (for demo. permit) _____ cu. ft.

Electrical: Run new circuits from existing panel
brief description

Plumbing: 2 baths and laundry
brief description

Mechanical: add 4 heat runs
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

Additional Information: Bedroom and Bath Addition

Date 7-10-90 Applicant Signature Michael L. Mansfield
owner-agent

CITY OF NAPOLEON
 JUL 0 9 1990
PAID

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 | 9/11 | BD | Roof Covering Roof Drainage | | | Smoke Detector | | |
| | Excavation | | | | | | Exterior Lath | | | Demolition (sewer cap) | | |
| | Footings & Reinforcing | 8/21 | BD | | | | <input type="checkbox"/> Interior Lath <input type="checkbox"/> Wallboard | | | | | |
| | Floor Slab | | | Interior Wall Construction | | | Fire Wall(s) | | | Building or Structure | | |
| | Foundation Walls | 8/30 | BD | Columns & Supports | | | Fireplace Chimney | | | | | |
| | Sub-soil Drain | 8/21 | BD | 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. | | |
| | | | | 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, PERMITS and DEMOLITION PERMIT
from the
CITY OF NAPOLEON - BUILDING DEPARTMENT

Entry No. _____ 255 West Riverview Ave. Napoleon, Ohio 43545 Pn. 419-592-4010

Permit No. 02032 Issued 7-10-90
 Job Location 852 Welsted Nap
 Lot B 28 GLENDALE ADD
 Issued By Brent N Damman
 sub-div. or legal disc.
 building official
 Owner Michael L Mansfield Pn 599-4318
 Address 852 Welsted Nap
 Agent SELF ~~Michael~~ Pn _____
 Address _____
 Description of Use RESIDENCE
 Residential 1
 no. dwelling units
 Commercial _____ Industrial _____
 New _____ Add'n. X Alter _____ Remodel _____
 Mixed Occupancy _____
 Change of Occupancy _____
 Estimated Cost \$ 15,000

| Ck. Permits Reg. | Base | Fees Plus | Total |
|--|-------|-----------|------------|
| <input checked="" type="checkbox"/> Building | 9.00 | 47.00 | 56.00 |
| <input checked="" type="checkbox"/> Electrical | 15.00 | 21.00 | 36.00 |
| <input checked="" type="checkbox"/> Plumbing | 9.00 | 21.00 | 30.00 |
| <input checked="" type="checkbox"/> Mechanical | 18.00 | | 18.00 |
| <input checked="" type="checkbox"/> Demolition | | | |
| Zoning | | | |
| Sign | | | |
| Water tap | | | |
| Sewer Tap | | | |
| Temp. Water | | | |
| Temp. Elec. | | | |
| Additional struc. | | | hrs |
| plan review | | | Elect. hrs |
| Total Fees..... | | | 140.00 |
| Less Min. Fees Pd. <u>7-10-90</u> | | | 140.00 |
| | | | date |
| Balance Due..... | | | <u>0</u> |

-ZONING INFORMATION

| district | lot dimensions | area | front yd | side yds. | rear yd |
|------------|---------------------|---------------|-----------------|---------------------------|------------|
| <u>A</u> | <u>58.9' x 150'</u> | <u>8760</u> | <u>EXISTING</u> | <u>L-75'-R-34.9'</u> | <u>80'</u> |
| max hgt | no pkg spaces | no ldg spaces | max cover | petition or appeal req'd. | date appr |
| <u>35'</u> | <u>2 per</u> | | <u>35%</u> | | |

WORK INFORMATION:

BUILDING: Garage Fl. Area _____ Basement Fl. Area 310 sq ft Second Floor Area 310 sq ft
 Size: Length 25 Width 12 Stories 2 Ground Floor Area 310 sq ft
 Height 26' Building Volume (for demo. permit) _____ cu. ft.
 Description of Work: DEOROOM AND BATH ADDITION

PAID

JUL 09 1990

CITY OF NAPOLEON

ELECTRICAL: Electrical Contractor Self Pn. _____

Address _____ Estimated Cost \$ _____

Type of work: New _____ Service change _____ Rewiring _____ Additional Wiring _____ Temp. Elec. Req. _____ yes no

Size of service _____ Underground _____ Overhead _____ No. of new circuits 7

Description of work: RUN NEW CIRCUITS FROM EXIST. PANEL

PLUMBING: Plumbing Contractor Self Pn. _____

Address _____ Estimated Cost \$ _____

Water Tap Req. _____ Size _____ Type of Pipe _____ Water Dist. Pipe _____ type
yes no

San. Sewer Tap Req. _____ Size _____ Type of Pipe _____ Dr. Waste Vt. Pipe _____ type
yes no

St. Sewer Tap Req. _____ Size _____ Type of Pipe _____ Street to be Opened _____ yes no
yes no

Main Building Drain Size _____ Main Vent Pipe Size _____ List Number of Plumbing Fixtures Below

Water Closets 2 Bathtubs 1 Showers 1 Lavatories 2 Kitchen Sinks _____ Disposal _____ Dishwasher _____ Clothes Washer 1

Floor Drains _____ Other Fixtures: Type _____ No. _____

Description of Work: 2 BATHS + LAUNDRY

MECHANICAL: Mechanical Contractor Self Pn. _____

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 _____

No. of Heat Zones _____ Hot Water: (One Pipe _____ Two Pipe _____ Series Loop _____) Electric Heat: (No of Circuits _____) No. of Furnaces _____

No. of Hot Air Runs 4 No. of Hot Water Radiators _____ Total Heat Loss _____ Rated Capacity of Furnace/Boiler _____

Location of Heating Units: Crawl Space _____ Floor Level _____ Attic _____ Suspended _____ Roof _____ Outside _____ Other _____

Description of Work: TO BE APPLIED FOR SEPARATELY add 4 heat runs

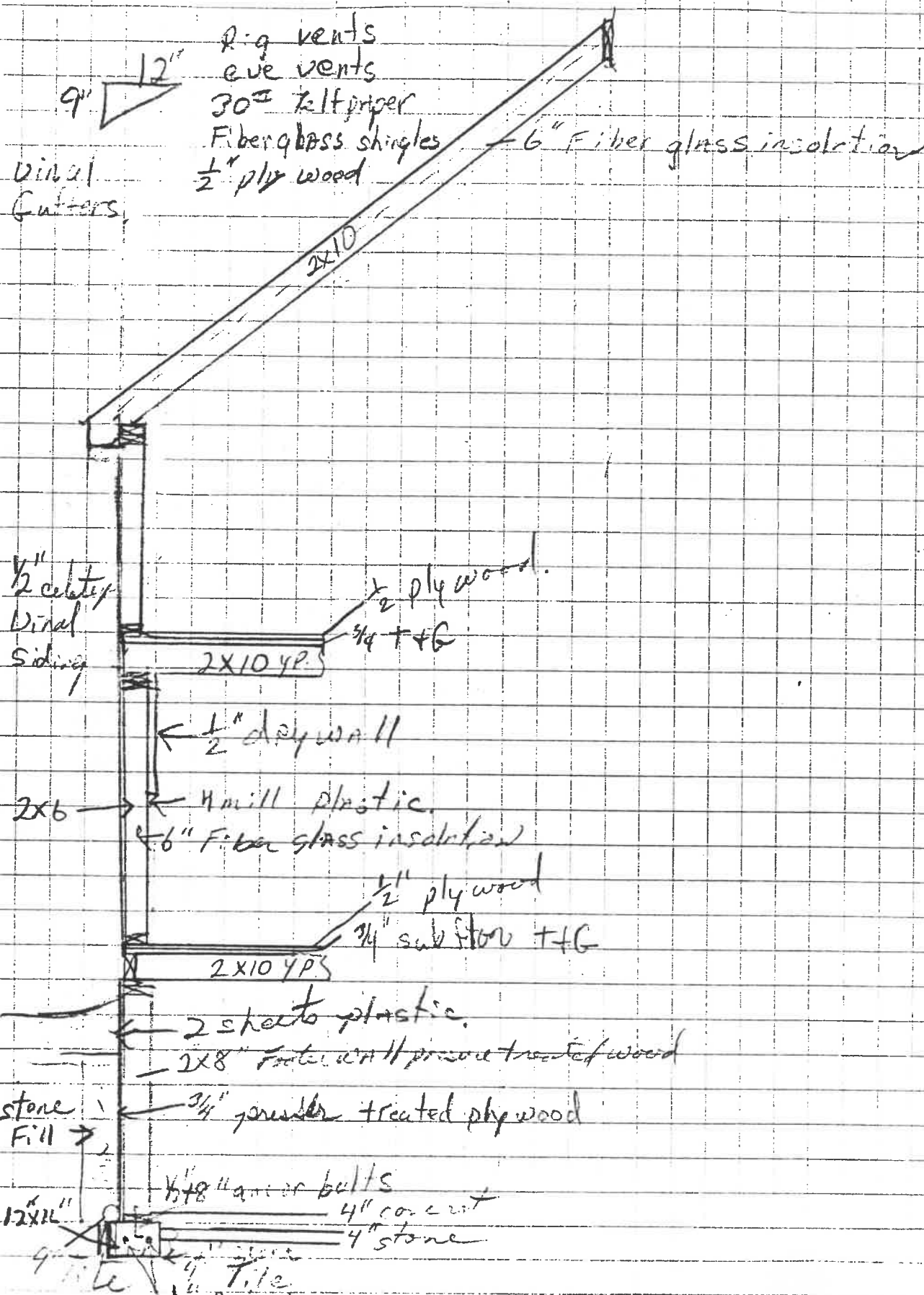
DRAWINGS REQUIRED: All Applications must be Accompanied by Two Complete sets of Drawings Including SITE PLAN, FOUNDATION PLAN, FLOOR PLANS, STRUCTURAL FRAMING PLANS, EXTERIOR ELEVATIONS, SECTIONS and DETAILS, STAIR DETAILS, ELECTRICAL LAYOUT, PLUMBING ISOMETRIC, HEATING LAYOUT ETC. All plans shall be DRAWN TO SCALE. Show all existing structures on the site plan also, 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 Dept. Rules and Regulations, Standard Specifications and other Pertinent Sections of the Napoleon Code of Ordinances.

Date 6-19-90 Signature of Applicant Michael L. Mansfield

Application not valid without signature

Scale $\frac{1}{4}'' = 1'$



2-g vents
eave vents
30# felt paper
Fiberglass shingles
1/2" ply wood

6" Fiber glass insulation

2x10

Vinyl Gutters

1/2" cedar
Vinyl Siding

1/2" ply wood

2x10 Y.P.S.

3/4" T+G

1/2" dry wall

2x6 → 4 mill plastic
6" Fiber glass insulation

1/2" ply wood

2x10 Y.P.S.

3/4" sub floor T+G

2 sheets plastic

2x8" footer wall pressure treated wood

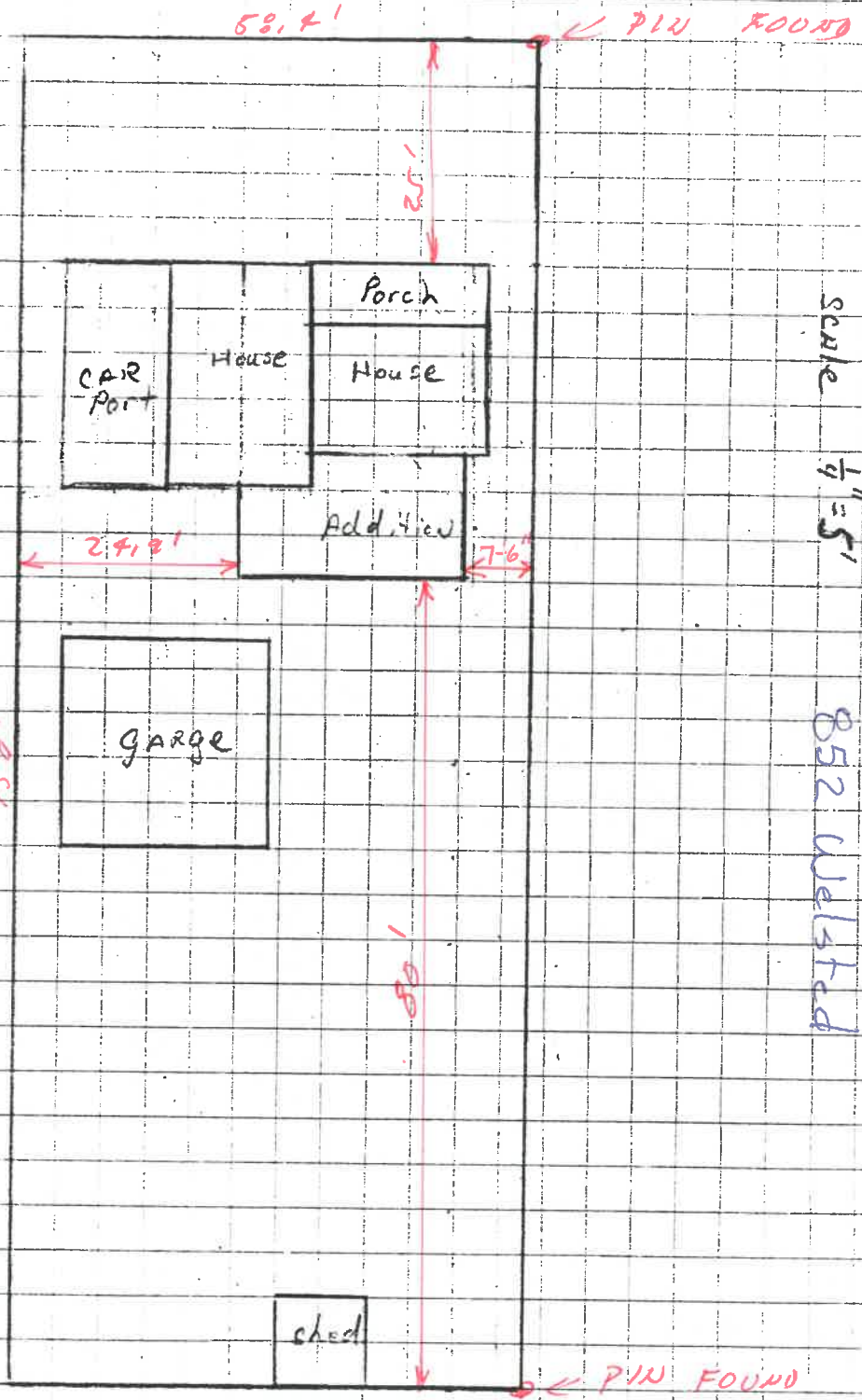
stone fill → 3/4" gravel treated ply wood

1/2" 4" concrete
4" stone

12x12"

1/2" tile

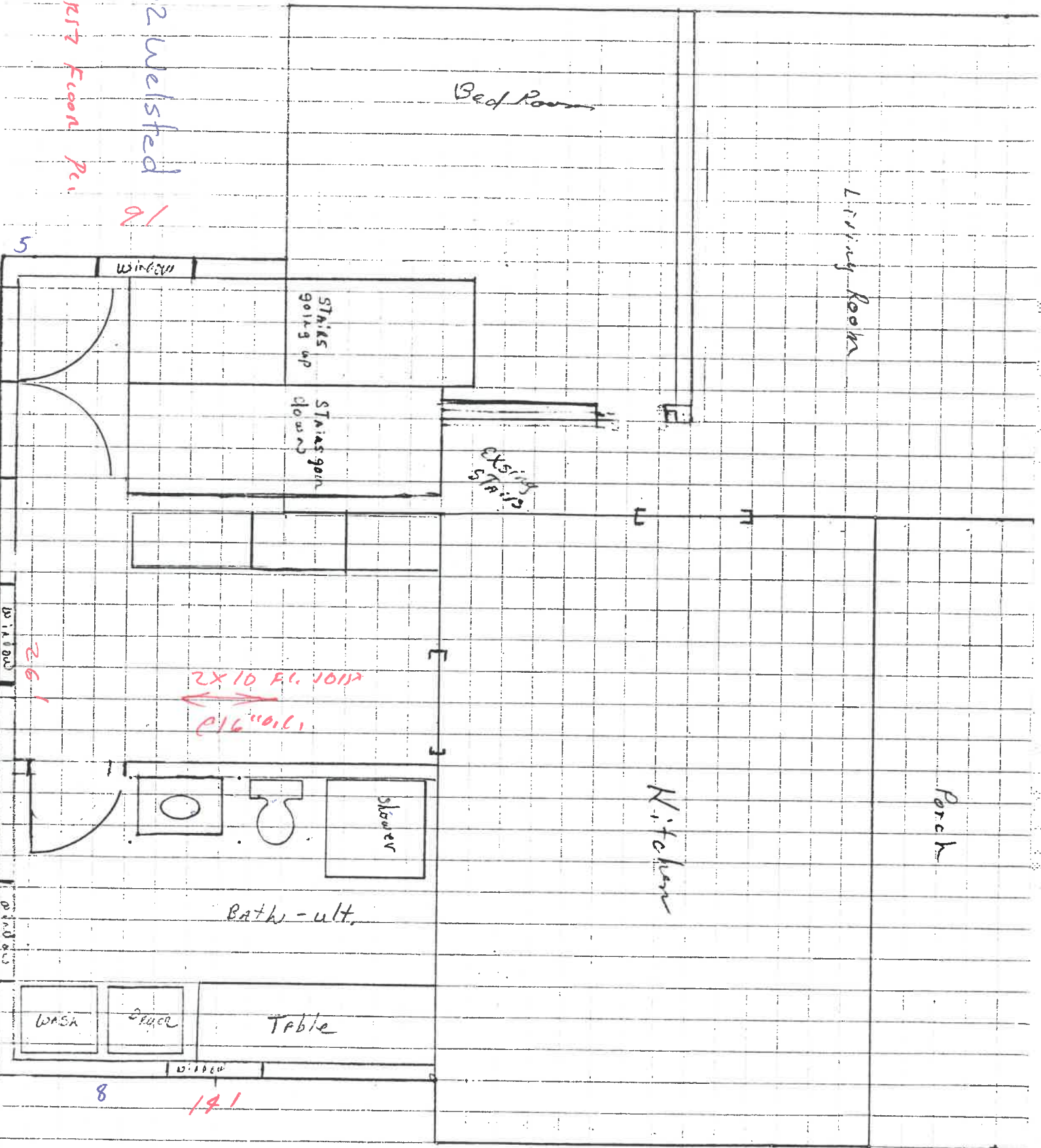
WELSTED 7



SCALE 1/4" = 5'
852 WELSTED

58.4' X 150' LOT
Lot sq ft 8,760 sq ft

852 Welfsted
FIRST Floor Plan



Bedroom

Balcony

Bedroom

852 Welsted

2nd Floor

1/6

6

Window

Window

PR NW

Shower Tub

Shower

241

Bedroom

2x10
@ 16" O.C.

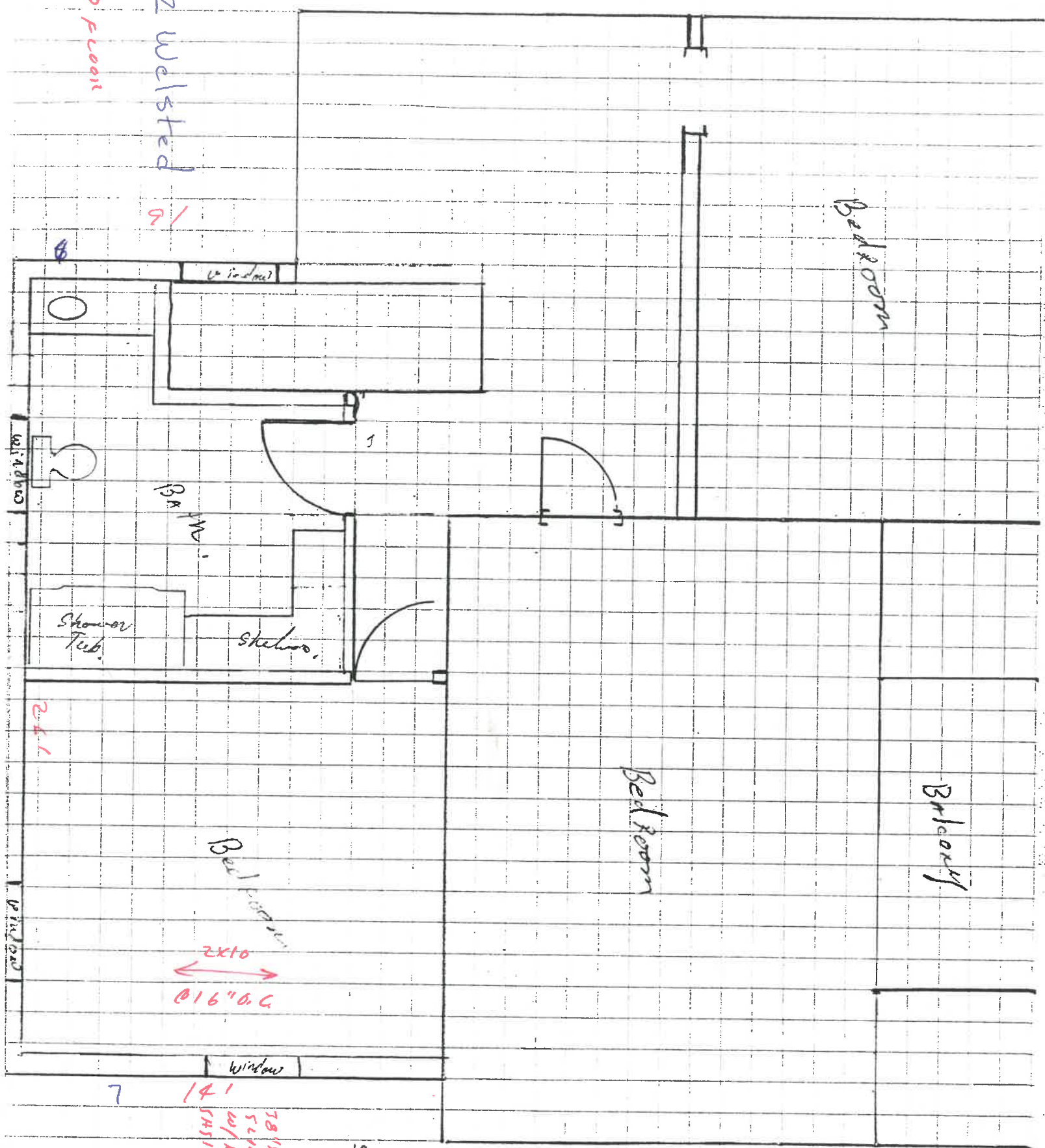
Window

7

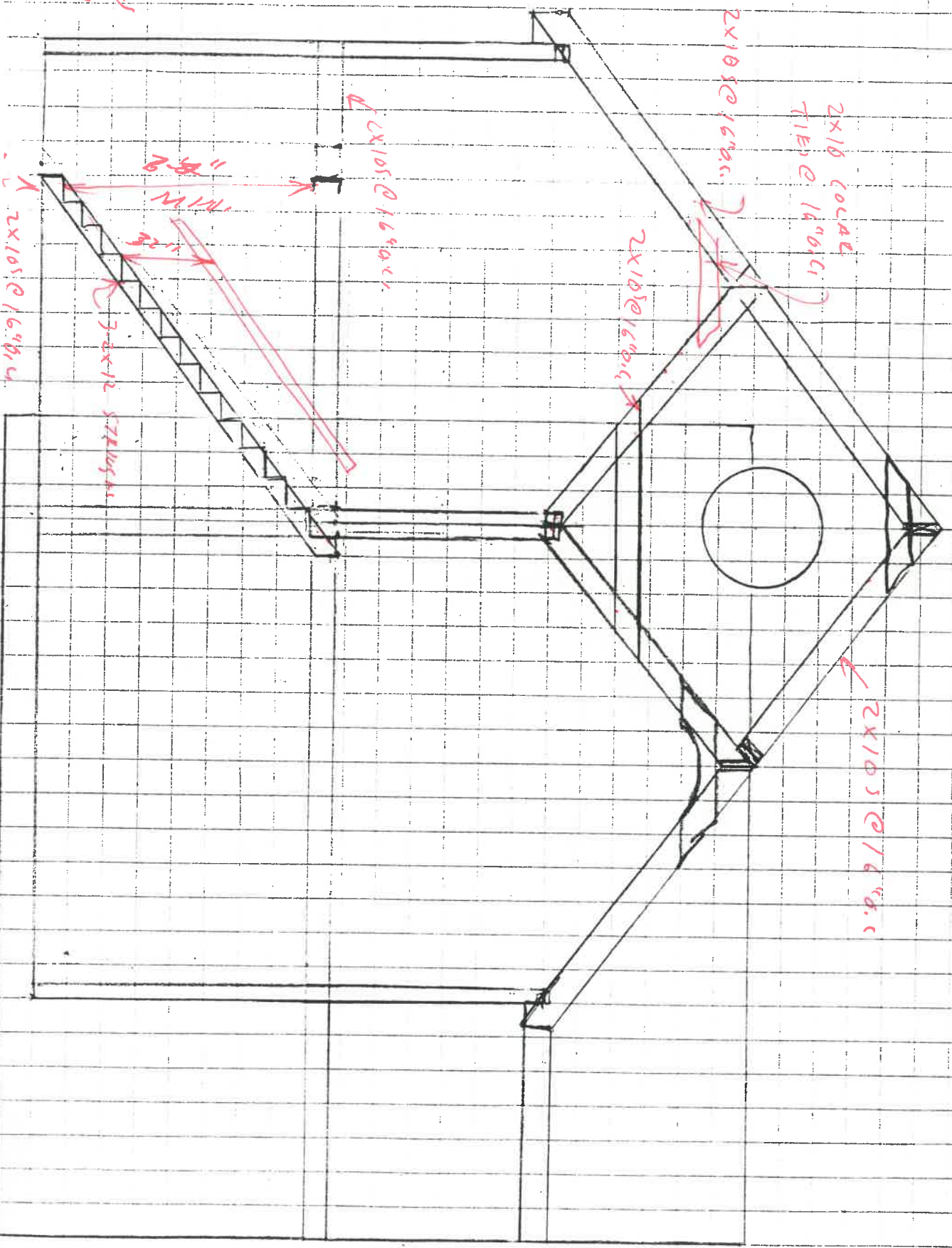
14'

78" x 40"
SLIDERS
w/ REMOVED
SHSIT

Scale 1/4" = 1'



852 Wellsted



Scale 1/4"



to be removed

Add on

X

X

56 00

44 00 9

56 00

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brief description

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Mechanical: add 4 heat runs
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

Additional Information: Bedroom and Bath Addition

Date 7-10-90 Applicant Signature Michael L. Mansfield 061 6 0 707
owner-agent

CITY OF NAPOLEON

PAID

