

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

Permit No. 3982 Issued 07/15/96  
 Job Location 1045 Westchester  
 Lot \_\_\_\_\_  
 Issued by Brent N. Damman  
 Owner Kermit Bostelman ~~XXXXXXXX~~ 592-3747  
 Address 1045 Westchester  
 Agent Damman's P & H 758-3116  
 Address N-033 Rd. Okolona, OH 43555  
 Use Type - Residential X  
 Other - Describe \_\_\_\_\_  
 No. Dwelling Units \_\_\_\_\_  
 New X Replacement \_\_\_\_\_  
 Add'n. \_\_\_\_\_ Alter \_\_\_\_\_ Remodel \_\_\_\_\_  
 Mixed Occupancy \_\_\_\_\_  
 Change of Occupancy \_\_\_\_\_  
 Estimated Cost \$ 8,138.00

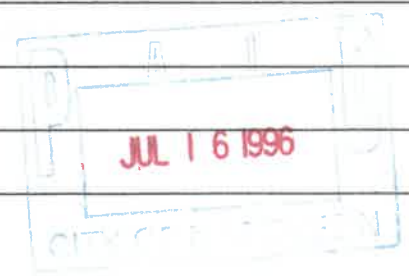
| FEES   | BASE            | PLUS           | TOTAL           |
|--|-----------------|----------------|-----------------|
| <input type="checkbox"/> Building              | \$ _____        | \$ _____       | \$ _____        |
| <input checked="" type="checkbox"/> Electrical | \$ _____        | \$ <b>6.00</b> | \$ _____        |
| <input type="checkbox"/> Plumbing              | \$ _____        | \$ _____       | \$ _____        |
| <input checked="" type="checkbox"/> Mechanical | \$ <b>18.00</b> | \$ <b>6.00</b> | \$ _____        |
| <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.....                                |                 |                | \$ <b>30.00</b> |
| LESS FEES PAID.....                            |                 |                | \$ <b>30.00</b> |
| BALANCE DUE.....                               |                 |                | \$ <b>-0-</b>   |

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: New furnace and air conditioner  
 Additional Information: \_\_\_\_\_  
 Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_





**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. 7-15-96 ISSUED July 15 1996

JOB LOCATION 1045 Westchester

LOT \_\_\_\_\_  
 (Subdivision or Legal Description)

ISSUED BY Bruce W. Damman  
 (Building Official)

OWNER Hermit Damman PHONE 592-3747

ADDRESS 1045 Westchester

AGENT Damman P & H PHONE 758-3116

ADDRESS 11-033 Rd 170 Okolona

USE:  Residential ( ) Commercial ( ) Industrial  
 ( ) Other \_\_\_\_\_

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

ESTIMATED COST = \$ 8,138.00

|  | <u>Base</u>     | <u>Plus</u>    | <u>Total</u> |
|--|-----------------|----------------|--------------|
| ( ) Building                                   | \$ _____        | \$ _____       | \$ _____     |
| <input checked="" type="checkbox"/> Electrical | \$ _____        | \$ <u>6.00</u> | \$ _____     |
| ( ) Plumbing                                   | \$ _____        | \$ _____       | \$ _____     |
| <input checked="" type="checkbox"/> Mechanical | \$ <u>18.00</u> | \$ <u>6.00</u> | \$ _____     |
| ( ) Demolition                                 | \$ _____        | \$ _____       | \$ _____     |
| ( ) Zoning                                     | \$ _____        | \$ _____       | \$ _____     |
| ( ) Sign                                       | \$ _____        | \$ _____       | \$ _____     |
| ( ) Water Tap                                  | \$ _____        | \$ _____       | \$ _____     |
| ( ) Sewer Tap                                  | \$ _____        | \$ _____       | \$ _____     |
| ( ) Temp Water                                 | \$ _____        | \$ _____       | \$ _____     |
| ( ) Temp Elec.                                 | \$ _____        | \$ _____       | \$ _____     |

Additional Plan Review: Structure \_\_\_\_\_ Hours \_\_\_\_\_  
 Electric \_\_\_\_\_ Hours \_\_\_\_\_

TOTAL FEES . . . . . \$ 30.00  
 Less Fees Paid . . . . . \$ \_\_\_\_\_  
 BALANCE DUE . . . . . \$ 30.00

**LOADING INFORMATION**

| <u>District</u> | <u>Lot Dimensions</u> | <u>Area</u> | <u>Front Yard</u> | <u>Side Yard</u> | <u>Rear Yard</u> |
|-----------------|-----------------------|-------------|-------------------|------------------|------------------|
|                 |                       |             |                   |                  |                  |

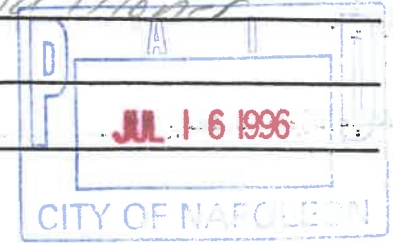
  

| <u>Max Height</u> | <u>No. Pkg. Spaces</u> | <u>No. Ldg. Spaces</u> | <u>Max Cover</u> | <u>Petition or Appeal Required-Date</u> |
|-------------------|------------------------|------------------------|------------------|---|
|                   |                        |                        |                  |   |

**WORK INFORMATION**

Building: Ground Floor Area \_\_\_\_\_ sq. ft. Basement Floor Area \_\_\_\_\_ sq. ft.  
 1st 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: New furnace & Air Conditioning



**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 - (X)Forced Air ( )Gravity ( )Hot Water ( )Steam ( )Unit Heaters ( )Radiant ( )Baseboard

TYPE OF FUEL - ( )Electric (X)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 12

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 \_\_\_\_\_