

PERMIT
CITY OF NAPOLEON - BUILDING DEPARTMENT

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

Permit No. 02062 Issued 8/10/90
date

Job Location 1126 Westchester
address

Lot 24 Gerken Hoeffel
sub-div or legal discript

Issued By Brent N. Damman
building official

Owner Michael Clausing 592-1591
name tel.

Address 1126 Westchester

Agent Demiline & Sons
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 \$ 2,500.00

ZONING INFORMATION

district	lot dimensions	area	front yd	side yds	rear yd
A	85' x 120'	10,200	30	7	15
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr
35'	2 per		35%	BZA 90/18	8/07/90

WORK INFORMATION:

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____

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

Electrical: _____
brief description

Plumbing: _____
brief description

Mechanical: _____
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

Additional Information: add deck on South end of residence within the rear setback.

Date 8-10-90 Applicant Signature *Ken O...* **PAID**
owner-agent **AUG 16 1990**

FEE	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	9.00	18.00	27.00
<input type="checkbox"/> ELECTRICAL			
<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. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs		
	Elect. _____ hrs		
TOTAL FEES.....			27.00
LESS MIN. FEES PAID _____			
	<small>date</small>		
BALANCE DUE.....			27.00

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LESS MIN. FEES PAID _____			
			<small>date</small>
BALANCE DUE.....			27.00

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district	lot dimensions	area	front yd	side yds	rear yd
<u>A</u>	<u>85' x 120'</u>	<u>10,200</u>	<u>30</u>	<u>7</u>	<u>15</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>	<u>BZA 90/18</u>	<u>8/07/90</u>

WORK INFORMATION:

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____

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

Electrical: _____
brief description

Plumbing: _____
brief description

Mechanical: _____
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

Additional Information: add deck on South end of residence within the rear setback.

PAID

AUG 16 1990

Date 8-10-90 Applicant Signature [Signature] owner-agent **CITY OF NAPOLEON**

APPLICATION
for
RESIDENTIAL BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, PERMITS and DEMOLITION PERMIT
from the

CITY OF NAPOLEON - BUILDING DEPARTMENT

255 West Riverview Ave. Napoleon, Ohio 43345 Pn. 419-592-4010

Entry No. _____

Permit No. 02067 Issued 8-10-90

Job Location 1126 Westchester

Lot 24 Gerken Hoeffel
sub-div. or legal disc.

Issued By _____
building official

Owner Michael Clausing Pn 592-1591

Address 1126 Westchester

Agent Demiline & Sons 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 \$ 2,500.00

Ch. Permits Reg.	Base	Fees Plus	Total
<input checked="" type="checkbox"/> Building	<u>9.00</u>	<u>18.00</u>	<u>27.00</u>
<input type="checkbox"/> Electrical	_____	_____	_____
<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"/> Sewer Tap	_____	_____	_____
<input type="checkbox"/> Temp. Water	_____	_____	_____
<input type="checkbox"/> Temp. Elec.	_____	_____	_____
Additional struc. plan review	_____	_____	_____
Elect.	_____	_____	_____
Total Fees.....	_____	_____	<u>27.00</u>
Less Min. Fees Pd.	_____	_____	_____
Balance Due.....	_____	_____	<u>27.00</u>

-ZONING INFORMATION

district	lot dimensions	area	front yd	side yds.	rear yd
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max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd.	date appr
<u>35'</u>	<u>2 pcc</u>	_____	<u>35%</u>	<u>BZA 90/18</u>	<u>8-7-90</u>

WORK INFORMATION:

BUILDING: Garage Fl. Area _____ Basement Fl. Area _____ Second Floor Area _____

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____

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

Description of Work: add a Deck on south end of Residence with in the rear setback.

PAID

AUG 16 1990

Continue on Back Side for Electrical, Plumbing and Mechanical and other Information;

CITY OF NAPOLEON

ELECTRICAL: Electrical Contractor _____ Pn. _____

Address _____ Estimated Cost \$ _____

Type of work: New _____ Service change _____ Rewiring _____ Additional Wiring _____ Temp. Elec. Req. _____

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

Description of work: _____

PLUMBING: Plumbing Contractor _____ Pn. _____

Address _____ Estimated Cost \$ _____

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

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

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 _____ Bathtubs _____ Showers _____ Lavatories _____ Kitchen Sinks _____ Disposal _____ Dishwasher _____ Clothes Washer _____

Floor Drains _____ Other Fixtures: Type _____ No. _____

Description of Work: _____

MECHANICAL: Mechanical Contractor _____ 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 _____ 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 _____

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 _____ Signature of Applicant _____

Application not valid without signature