

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

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

Permit No. 01227 Issued 8-15-86 date

Job Location 1040 Willard St. address

Lot 67 Mary Dodd's 2nd Add. sub-div or legal discript

Issued By Eldon Huber building official

Owner Mary Mann name tel.

Address 1040 Willard St.

Agent K & K Kutzi Const. builder-eng.-etc. tel.

Address Rt. #1 - Liberty Center, OH

Description of Use Residence

Residential 1 no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter X Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 3,180.00

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	3.00	9.00	12.00
<input type="checkbox"/> ELECTRICAL			
<input type="checkbox"/> PLUMBING			
<input type="checkbox"/> MECHANICAL			
<input type="checkbox"/> DEMOLITION			
<input type="checkbox"/> ZONING			
<input type="checkbox"/> SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			12.00
LESS MIN. FEES PAID _____ date _____			
BALANCE DUE.....			

ZONING INFORMATION

district <u>A</u>	lot dimensions <u>66' X 132'</u>	area	front yd <u>30' Min.</u>	side yds <u>7' Min.</u>	rear yd <u>15' Min.</u>
max hgt <u>35' Max.</u>	no pkg spaces <u>2 - Min.</u>	no ldg spaces	max cover <u>35% Max.</u>	petition or appeal req'd	date appr

WORK INFORMATION:

Size: Length 40' Width 28' Stories 1 Ground Floor Area 1120 S.F.

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

Electrical: _____ brief description

Plumbing: _____ brief description

Mechanical: _____ brief description

Sign: _____ type Dimensions _____ Sign Area _____

Additional Information: Vinyl siding, alum. soffit & fascia.

PAID
AUG 18 1986
CITY OF NAPOLEON

Date 8-18-86 Applicant Signature [Signature] owner-agent

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			Roof Covering Roof Drainage			Smoke Detector		
	Excavation						Exterior Lath			Demolition (sewer cap)		
	Footings & Reinforcing						<input type="checkbox"/> Interior Lath <input type="checkbox"/> Wallboard					
	Floor Slab			Interior Wall Construction			Fire Wall(s)			Building or Structure		
	Foundation Walls			Columns & Supports			Fireplace Chimney					
	Sub-soil Drain			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.		1/19/54
			Roof System			Special Insp Reports Rec'd			Certificate of Occupancy Issued			
ADDITIONAL	INSPECTIONS, CORRECTIONS, ETC.						INSPECTIONS, CORRECTIONS, ETC.					
	[Stamp: 1/19/54]											
	[Stamp: 1/19/54]											
	[Stamp: 1/19/54]											

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

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

01227

Permit No. 01229 Issued _____ date 5/7
 Job Location 1040 WILLARD ST address
 Lot 67 MARY DODOS 2ND ADD sub-div or legal discript
 Issued By F building official
 Owner MARY MANN name tel. _____
 Address 1040 WILLARD ST
 Agent K & K KOTZI CONST. builder-eng.-etc. tel. _____
 Address R7 #1 LIBERTY CENTER OH
 Description of Use RESIDENCE
 Residential 1 no. dwelling units
 Commercial _____ Industrial _____
 New _____ Add'n. _____ Alter Remodel _____
 Mixed Occupancy _____
 Change of Occupancy _____
 Estimated Cost \$ 3180.00

FEES	BASE	PLUS	TOTAL
BUILDING	3.00	9.00	12.00
ELECTRICAL			
PLUMBING			
MECHANICAL			
DEMOLITION			
ZONING			
SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			12.00
LESS MIN. FEES PAID _____ date _____			
BALANCE DUE.....			

ZONING INFORMATION

district	lot dimensions	area	front yd	side yds	rear yd
A	66'0" x 132'0"		30' MIN	7'0" MIN	15'0" MIN
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr
35'0" MAX		2-MIN	35% MAX		

WORK INFORMATION:

Size: Length 40' Width 28' Stories 1 Ground Floor Area 1120 SQ. FT.
 Height _____ Building Volume (for demo. permit) _____ cu. ft.

Electrical: _____ brief description _____
 Plumbing: _____ brief description _____
 Mechanical: _____ brief description _____

Sign: _____ Dimensions _____ Sign Area _____
 type _____

Additional Information: VINOX SIDING, ALUM SOFFIT & FASCIA

Date _____ Applicant Signature _____ owner-agent _____

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 1040 Willard St. Cost of project 3100.00
Owner's Name Mary Mann Address 1040 Willard St.
Contractor K. K. Kutzl. Const. Telephone No. 533-2665
Address Rt #1 Lib. Ctr., & h.

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 _____ (Specific Type)

Brief Description of Work:----- Install vinyl siding
soffit and alum. fascia to entire house

Size: Length 40 Width 28 No. of Stories 1
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 8-12-86 Applicant's Signature [Signature]

DRAW PLOT PLAN REVERS SIDE

PERMIT NO. _____
PERMIT FEE \$ _____

