

PERMIT

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

Permit No. 01233 Issued 8/20/86
date

Job Location 917 Woodlawn
partial address

Lot 6 Lumbard First Addition
sub-div or legal discript

Issued By Eldon Huber
building official

Owner Carol Lugibihl 599-1116
name tel.

Address 917 Woodlawn

Agent Self
builder-eng.-etc. tel.

Address _____

Description of Use Residence

Residential 1
no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Re-Roofing Remodel x

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 1,500.00

ZONING INFORMATION

district	lot dimensions	area	front yd	side yds	rear yd
C.	N.A.	N.A.	N.A.	N.A.	N.A.
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr
N.A.	N.A.		N.A.		

WORK INFORMATION:

Size: Length N.A. 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 _____

Additional Information: Re-roofing Shingles and Partial Sheathing

Note: (Provide 15# roofing felt under shingles)

Date 8-20-86 Applicant Signature Carol M Lugibihl
owner-agent

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	3.00	3.00	6.00
<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.....			\$6.00
LESS MIN. FEES PAID _____			
BALANCE DUE.....			

PAID
 AUG 20 1986
 CITY OF NAPOLEON

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	EH
			Roof System			Special Insp Reports Rec'd			Certificate of Occupancy Issued			
ADDITIONAL	INSPECTIONS, CORRECTIONS, ETC.						INSPECTIONS, CORRECTIONS, ETC.					

CITY OF WASHINGTON
 DEPT. OF PUBLIC WORKS
 AUG 30 1982

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

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

01233

Permit No. [REDACTED] Issued _____ date _____

Job Location 917 WOODLAWN address
PARTIAL

Lot 6 LUMBAR 1ST ADDITION sub-div or legal discript

Issued By EA building official

Owner CAROL LUGIBIHL 599-1116 name tel.

Address 917 WOODLAWN

Agent SELF builder-eng.-etc. tel. _____

Address _____

Description of Use RESIDENCE

Residential 1 no. dwelling units

Commercial _____ Industrial _____

New _____ Add'n. _____ Alter _____ Remodel X

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 1500.00

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	3.00	3.00	6.00
<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.....			6.00
LESS MIN. FEES PAID _____ date _____			
BALANCE DUE.....			

ZONING INFORMATION

district	lot dimensions	area	front yd	side yds	rear yd
C	N/A	N/A	N/A	N/A	N/A
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr
N/A	N/A		N/A		

WORK INFORMATION:

Size: Length N/A 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 _____

Additional Information: RE-ROOFING SHINGLES PARTIAL SHEATHING

NOTE: (PROVIDE 15# ROOFING FELT UNDER SHINGLES)

Date _____ Applicant Signature _____ owner-agent

CITY OF NAPOLEON
BUILDING INSPECTION DEPARTMENT
APPLICATION FOR BUILDING PERMIT
(Please print or type)

Home until 2:30 PM

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 917 Woodlawn Cost of project \$1500.00
Owner's Name Carol Lygibihl Address 917 Woodlawn
Contractor Self Telephone No. 599-1116
Address _____

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 Roof
Accessory Building _____ Siding _____

(Specific Type)

Brief Description of Work: ----- New shingles

Size: Length _____ Width _____ No. of Stories 2
Area: 1st Floor _____ sq. ft. Basement _____ sq. ft.
2nd Floor _____ sq. ft. Accessory Bldg. _____ sq. ft.
3rd Floor _____ sq. ft. Other Roof _____ 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 August 19, 1986 Applicant's Signature Carol M. Lygibihl

DRAW PLOT PLAN REVERS SIDE

PERMIT NO. _____
PERMIT FEE \$ _____

