

P E R M I T

CITY OF NAPOLEON  
255 W. RIVERVIEW AVE  
NAPOLEON, OHIO 43545

DIVISION OF BUILDING & ZONING  
PH (419) 592-4010  
FAX (419) 599-8393

PERMIT NO: 488

DATE ISSUED: 02-12-01

ISSUED BY: BND

JOB LOCATION: 610 CAMBRIDGE ST

EST. COST: 81000.00

LOT #:

SUBDIVISION NAME:

OWNER: KURIVIAL, MIKE  
ADDRESS: 606 1/2 1ST ST  
CSZ: DEFIANCE, OH 43512  
PHONE: 419-782-7421

AGENT: MR. BUILDER LTD  
ADDRESS: T-297 COUNTY ROAD 15  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-598-8620

USE TYPE - RESIDENTIAL: X

OTHER:

ZONING INFORMATION

DIST: R-3 LOT DIM: 76X105 AREA: 7979. FYRD: 25 SYRD: 7 RYRD: 15  
MAX HT: 45' # PKG SPACES: 2 # LOADING SP: MAX LOT COV: 45%

BOARD OF ZONING APPEALS:

WORK TYPE - NEW: X REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: 48' WIDTH: 60' STORIES: 1 LIVING AREA SF: 1246  
GARAGE AREA SF: 420 HEIGHT: 20 BLDG VOL DEMO PERMIT:

WORK DESCRIPTION  
NEW HOME

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		199.00
ELECTRICAL PERMIT		100.00
PLUMBING PERMIT		45.00
MECHANICAL PERMIT		18.00
WATER TAP PERMIT		189.00
SEWER PERMIT		156.00

TOTAL FEES DUE 707.00

03-30-01

DATE

*Mah A. Kelle*

APPLICANT SIGNATURE



DIVISION OF RECEIVING & SHIPPING  
PM (419) 502-4010  
FAX (419) 502-8192

CITY OF NAPOLEON  
322 W. RIVERVIEW AVE  
NAPOLEON, OHIO 43542

P E N N S Y L V A N I A

PERMIT NO: 488 DATE ISSUED: 02-12-01 ISSUED BY: 388  
JOB LOCATION: 610 KAMMIDGE ST EXT COST: 01004.00

LOT #1: SUBMISSION PLAN  
OWNER: 80. BULLOCK LTD  
ADDRESS: 1 THE COUNTY ROAD 12  
CITY: NAPOLEON, OH 43542  
PHONE: 419-728-2010  
JOB TYPE: RESIDENTIAL

AREA: 3.47 ACRES  
LOT: 2-1  
SUBJECT: 610 KAMMIDGE ST  
APPLICANT: 80. BULLOCK LTD

WORK TYPE - RESIDENTIAL  
ADDRESS: 610 KAMMIDGE ST  
APPLICANT: 80. BULLOCK LTD

ITEM DESCRIPTION	PAID DATE	PER AMOUNT DUE
PLANNING PERMIT		100.00
ENGINEERING PERMIT		100.00
CONCRETE PERMIT		25.00
MECHANICAL PERMIT		15.00
WATER USE PERMIT		188.00
SEWER PERMIT		175.00
TOTAL THIS DATE		543.00

APPLICANT SIGNATURE  
*[Signature]*



DATE: 02-12-01

# CITY OF NAPOLEON OHIO PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITION, REMODELING.

DATE \_\_\_\_\_ JOB LOCATION \_\_\_\_\_

LOT # \_\_\_\_\_ SUBDIVISION NAME \_\_\_\_\_

X OWNER MIKE KURIVIAL X PHONE 782-7421

X OWNER ADDRESS 606 1/2 1st ST. X CITY DEANANCE ZIP 43512

CONTRACTOR MR. Builder PHONE \_\_\_\_\_

CONTRACTOR ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CONTRACTOR FAX # \_\_\_\_\_ CELL PHONE (Opt.) \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: NEW HOUSE

ESTIMATED COST OF WORK TO BE PERFORMED: \$81,000

## WORK INFORMATION

BUILDING: Basement Floor Area \_\_\_\_\_ Sq. Ft. 1st Story Living Area 1246 Sq. Ft.  
2nd Floor Living Area \_\_\_\_\_ Sq. Ft. Garage Floor Area 420 Sq. Ft.

BUILDING SIZE: Length 48' Width 60' Stories 1 Height 20' DEMO VOL \_\_\_\_\_

Masonry Contractor DAVE MEYER Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Electrical Contractor BOSTLEMAN ELECTRIC Phone 599-3416 Fax \_\_\_\_\_  
Address 232 POWERS ST. City NAPOLEON St OH Zip 43545

Plumbing Contractor ELLING PLUMBING Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ City NAPOLEON St \_\_\_\_\_ Zip \_\_\_\_\_

Heating Contractor ELLING PLUMBING Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Insulation Contractor Momper INSULATION Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Other Contractor attach information.

ZONING INFORMATION (to be completed by City) : District \_\_\_\_\_ Lot Dimensions \_\_\_\_\_  
Lot Area \_\_\_\_\_ FRSB \_\_\_\_\_ SYSB \_\_\_\_\_ RYSB \_\_\_\_\_ Max Ht \_\_\_\_\_ ft Max Cov \_\_\_\_\_ %

I by signing below agree to comply with all applicable City of Napoleon Codes & Ordinances while performing the work herein described. I understand that all work for which a permit is issued is required to be approved by the building inspector of the City of Napoleon.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



**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. \_\_\_\_\_ ISSUED \_\_\_\_\_

JOB LOCATION 610 Cambridge St.

LOT 17 Picket Fences Phase II  
 (Subdivision or Legal Description)

ISSUED BY BND  
 (Building Official)

OWNER Mike Kurivial PHONE 782-7421

ADDRESS 606 1/2 1st. St. Defiance

AGENT MR. Builder PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

ESTIMATED COST = \$ 81,000.00

	Base	Plus	Total
<input checked="" type="checkbox"/> Building	\$ _____	\$ _____	\$ <u>199.00</u>
<input checked="" type="checkbox"/> Electrical	\$ <u>15.00</u>	\$ <u>10.00</u> <del>25.00</del>	\$ <u>100.00</u>
<input checked="" type="checkbox"/> Plumbing	\$ <u>9.00</u>	\$ <u>36.00</u>	\$ <u>45.00</u>
<input checked="" type="checkbox"/> Mechanical	\$ <u>18.00</u>	\$ _____	\$ <u>18.00</u>
( ) Demolition	\$ _____	\$ _____	\$ _____
( ) Zoning	\$ _____	\$ _____	\$ _____
( ) Sign	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Water Tap	\$ <del>184.00</del>	\$ <u>5.00</u>	\$ <del>184.00</del> <u>189.00</u>
<input checked="" type="checkbox"/> Sewer Tap	\$ <u>60.00</u>	\$ <u>96.00</u>	\$ <u>156.00</u>
( ) Temp Water	\$ _____	\$ _____	\$ _____
( ) Temp Elec.	\$ _____	\$ _____	\$ _____

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

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

**ZONING INFORMATION**

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard
<u>R-3</u>	<u>76 x 105</u>	<u>7979.6</u>	<u>25</u>	<u>7</u>	<u>15</u>
Max Height	No. Pkg. Spaces	No. Csq. Spaces	Max Cover	Petition or Appeal Required-Date	

**WORK INFORMATION**

Building: Ground Floor Area \_\_\_\_\_ sq. ft. Basement Floor Area \_\_\_\_\_ sq. ft.  
 Garage 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ELECTRICAL: Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ ESTIMATED COST = \$ \_\_\_\_\_

Type of Work:  New  Service Change  Rewiring  Add'l Wiring TEMPORARY ELEC. REQUIRED -  Yes  No

Size of Service 200 Underground  Overhead \_\_\_\_\_ Number of New Circuits 25

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 = 2 Bathtubs = 2 Showers = 1 Lavatories = 3 Kitchen Sinks = 1 Disposal = 1

Clothes Washer = 1 Floor Drains = \_\_\_\_\_ Dishwasher = 1 Other \_\_\_\_\_ Total = 12

Description of Work: \_\_\_\_\_

MECHANICAL: Contractor \_\_\_\_\_ Phone \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 488

DATE ISSUED: 02-12-2001

JOB LOCATION: 610 CAMBRIDGE ST

OWNER: KURIVIAL, MIKE

OWNER PHONE: 419-782-7421

CONTRACTOR: MR. BUILDER LTD

CONTRACTOR PHONE: 419-598-8620

WORK DESCRIPTION: NEW HOME

PLUMBING: UNDGR \_\_\_\_\_ RGHIN 8-14 FINAL \_\_\_\_\_

SEWER INSP \_\_\_\_\_

MECHANICAL: UNDGR \_\_\_\_\_ RGHIN \_\_\_\_\_ FINAL \_\_\_\_\_

FURNACE REPLC \_\_\_\_\_ AIR COND \_\_\_\_\_

ELECTRICAL: UNDGR \_\_\_\_\_ RGHIN 7-9 FINAL \_\_\_\_\_

SERV UPGR 7-9

BUILDING: SITE 6-12 FTG 6-14 FNDDT 6-19

STRUC 8-14 ROOF 8-14 EXT \_\_\_\_\_

VENT \_\_\_\_\_ ACCES \_\_\_\_\_ EGRS \_\_\_\_\_

SMKDT \_\_\_\_\_ FINAL \_\_\_\_\_

ISSUE TEMP OCCUP \_\_\_\_\_ ISSUE OCCUP X

STRG SHED: SITE \_\_\_\_\_ FINAL \_\_\_\_\_

8-5-02

SIGN: FTG \_\_\_\_\_ FINAL \_\_\_\_\_

FENCE: SITE \_\_\_\_\_ FINAL \_\_\_\_\_

MISC INSP: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSPECTOR INITIALS: v3n11





CITY OF NAPOLEON

ELECTRIC METER BASE RELEASE FORM

THIS DOCUMENT ENTITLES THE HOLDER TO "ONE" ELECTRIC METER BASE  
(Please pickup at the City operations garage 1775 Industrial Drive).

PERMIT #: 488

ISSUED:02-12-2001

JOB LOCATION: 610 CAMBRIDGE ST

WORK DESCRIPTION: NEW HOME

OWNER: KURIVIAL, MIKE

ADDRESS: 606 1/2 1ST ST DEFIANCE, OH 43512

OWNER PHONE: 419-782-7421

-----  
CONTRACTOR: MR. BUILDER LTD

ADDRESS: T-297 COUNTY ROAD 15 NAPOLEON, OH 43545

CONTRACTOR PHONE: 419-598-8620

ELECTRIC SERVICE UPGRADE \_\_\_\_\_ NEW SERVICE INSTALLATION X

INDUSTRIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ RESIDENTIAL X 1PHASE X 3PHASE \_\_\_\_\_

SIZE OF SERVICE 100AMP \_\_\_\_\_ 150AMP \_\_\_\_\_ 200AMP X 400AMP \_\_\_\_\_ OTHER \_\_\_\_\_

HUB SIZE - 1 1/4" \_\_\_\_\_ 1 1/2" \_\_\_\_\_ 2" \_\_\_\_\_

DESIRED VOLTAGE 120/240 X OTHER \_\_\_\_\_

UNDERGROUND SERVICE X OVERHEAD SERVICE \_\_\_\_\_

*BMD 2-12-01*

=====

DATE COMPLETED: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

OLD METER NUMBER: \_\_\_\_\_ NEW METER NUMBER: \_\_\_\_\_

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ELECTRIC METER RENTAL FORM

THIS DOCUMENT REMAINS THE PROPERTY OF THE CITY OF KANSAS. IT IS TO BE KEPT IN THE CITY OF KANSAS OFFICE OF THE CITY CLERK.

SECTION: 05-11-1001

FORM NO. 400

THE LOCATION AND CHARACTER OF THE

WORK DESCRIBED, THE DATE

WHEN COMMENCED, THE

ADDRESS, AND THE NAME OF THE

OWNER, AND THE NAME OF THE

CONTRACTOR, OR OTHER PARTY

INTERESTED IN THE WORK, OR THE

PROPERTY, AND THE NAME OF THE

ELECTRIC METER COMPANY, AND THE

TYPE OF SERVICE, WHETHER

FOR THE SERVICE, SQUARE FEET, AND

THE DATE WHEN THE WORK

WAS COMPLETED, AND

THE NAME OF THE CONTRACTOR,

AND THE NAME OF THE

OWNER, AND THE NAME OF THE

PROPERTY.

10-12-01

CITY OF NAPOLEON

WATER METER YOKE RELEASE FORM

THIS DOCUMENT ENTITLES THE HOLDER TO "ONE" WATER METER YOKE ASSEMBLY  
(Please pickup at City Operations Department 1775 Industrial Drive).

PERMIT #: 488

ISSUED: 02-12-2001

JOB LOCATION: 610 CAMBRIDGE ST

OWNER: KURIVIAL, MIKE

PHONE: 419-782-7421

ADDRESS: 606 1/2 1ST ST DEFIANCE, OH 43512

-----  
CONTRACTOR: MR. BUILDER LTD

ADDRESS: T-297 COUNTY ROAD 15 NAPOLEON, OH 43545

PHONE: 419-598-8620

WATER TAP SIZE 1"  1.5" \_\_\_\_\_ 2" \_\_\_\_\_ OTHER \_\_\_\_\_

WATER METER YOKE SIZE 5/8"  3/4" \_\_\_\_\_ 1" \_\_\_\_\_ OTHER \_\_\_\_\_

NEW STRUCTURE  EXISTING STRUCTURE \_\_\_\_\_ LAWN METER \_\_\_\_\_

WATER SERVICE LINE TO BE TYPE "K" COPPER OR "CTS" POLYETHELENE TUBING OF 1" MINIMUM SIZE.

BACKFLOW DEVICE REQUIRED YES  NO \_\_\_\_\_

TYPE OF BACKFLOW DEVICE REQUIRED Double check valve assembly

WATER METER YOKE INSTALLATION IS SUBJECT TO THE FOLLOWING CONDITIONS

- 1.) MUST BE LOCATED IN AN ACCESSIBLE AREA.
- 2.) MUST BE IN AN AREA WHICH IS NOT SUBJECT TO FREEZING TEMPERATURES.
- 3.) MUST BE AT LEAST 18" ABOVE FLOOR LEVEL (NO CRAWL SPACE INSTALLATIONS).
- 4.) MUST COMPLY WITH MINIMUM MOUNTING REQUIREMENTS (DRAWING AVAILABLE)

ISSUED BY BMD 2-12-01 RECEIVED BY \_\_\_\_\_

1-Copy to: Building Dept, Water Dept, and Utilities Dept



No. .... 540 .....

CERTIFICATE OF OCCUPANCY  
THE CITY OF NAPOLEON  
ENGINEERING DEPARTMENT  
DIVISION OF INSPECTION

This is to certify that the Building or Land as herein described complies with all the building and health laws and ordinances and with the provisions of the Zoning Ordinance.

Location of Occupancy ..... 610 Cambridge St. .... Occupancy ..... Single Family .....

Owner of Property ..... Mike Kurivial ..... Address ..... 606 1/2 1st. St. Defiance .....

Issued to ..... Same ..... Address .....

Zoning ..... R-3 Residential ..... Bldg. Permit No. .... 488 .....

Substantial qualifications of occupancy ..... Substantial City Code Compliant .....

This certificate is issued by the City Building Inspector, as provided by law, and is to certify that construction is completed substantially in conformity with the approved plans and permission is hereby granted to occupy such building in compliance with such legal use and occupancy as authorized under the provisions of the ordinances of the City of Napoleon.

Issued this ..... 5th ..... day of August ..... 2002 .....

This is a valuable record for owner or lessee and should be so preserved.

Signed ..... *Frank M. Lamman* .....  
City Building Inspector .....



CITY OF NAPOLEON

WATER METER YOKE RELEASE FORM

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- 4.) MUST COMPLY WITH MINIMUM MOUNTING REQUIREMENTS (DRAWING AVAILABLE)

ISSUED BY \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

1-Copy to: Building Dept, Water Dept, and Utilities Dept

