

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL,
PLUMBING, MECHANICAL & REMODELING

DATE 1/27 JOB LOCATION 15112 County Rd J
 OWNER DOBEK KANIA TELEPHONE # 419-579-6713
 OWNER ADDRESS 15112 County Rd J
 CONTRACTOR HANSONS CELL PHONE # _____
 DESCRIPTION OF WORK TO BE PERFORMED 19 REP Windows
 ESTIMATED COMPLETION DATE _____ ESTIMATED COST 10,515

Affected Floor Area (AFA): In existing structures, it is the area affected by the improvement, i.e. a new wall dividing a room (the AFA would be only the room and not all the rooms).

DESCRIPTION	FEE	TOTAL COST
<i>Addition & Alterations</i> Square foot in (AFA) x \$0.05 = \$	-	\$25.00 = \$
<i>Electrical</i> Circuits in (AFA) x \$3.00/Circuit = \$	+	\$25.00 = \$
<i>Plumbing</i> Traps in (AFA) x \$3.00/Trap = \$	-	\$25.00 = \$
<i>Siding and/or Roofing</i>	\$25.00	\$
<i>Windows/Doors</i>	\$25.00	\$
<i>Decks</i>	\$25.00	\$
<i>Garage and Shed over 200 SF (Detached)</i>	\$25.00	\$
<i>Electrical Service Upgrade</i>	\$25.00	\$
<i>Water Heater</i>	\$25.00	\$
<i>Furnace and/or AC Replacement</i>	\$25.00	\$
MBP (100.3100.46510)	Subtotal:	\$
(100.0000.42700) PLUS Ohio Board of Building Standards Fee	+ 1%	\$

TOTAL FEE: \$

I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BUILDING/ZONING DEPARTMENT.

I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of record and that I have been authorized by the Owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for Work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.

SIGNATURE OF APPLICANT: [Signature] DATE: 1-27-10
 PRINT NAME: BRIAN ELIAS
 BATCH # 22000 CHECK # 6079 DATE 1-27-10



CITY OF *NAPOLEON*

BUILDING & ZONING DEPARTMENT
255 West Riverview Avenue, P. O. Box 151 Napoleon, OH 43545
Tom Zimmerman, Building Commissioner/Zoning Admin
Telephone: 419/592-4010 Fax: 419/599-8393
www.napoleonohio.com

1/27/2010

Hansons' Windows & Siding
977 E 14 Mile Rd.
Troy, MI 48083-9913

To Whom It May Concern:

Enclosed herewith is check # 6079 that was issued to the City of Napoleon. We are returning this check to you since this property is out of the city limits and therefore a permit is not needed.

Thank you,

Tom Zimmerman
Building & Zoning Inspector



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/27/2010

PRODUCER Larry G. Herrick D/B/A Herrick Insurance Service 110 W. Airport Hwy. #118, P O Box 66 Swanton, Ohio 43558 (416)825-1897 Fax:825-5280	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED Knapp Plumbing Heating and Air Conditioning V532 County Road 8 Liberty Center, Oh 43532-9782	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURERS AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Erie Insurance Exchange</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Erie Insurance Exchange		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: Erie Insurance Exchange													
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS																		
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Q34-2520111	10/25/2009	10/25/2010	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$</td><td>1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$</td><td>1,000,000</td></tr> <tr><td>MED EXP (Any one person)</td><td>\$</td><td>5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td>\$</td><td>1,000,000</td></tr> <tr><td>GENERA. AGGREGATE</td><td>\$</td><td>2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td>\$</td><td>2,000,000</td></tr> </table>	EACH OCCURRENCE	\$	1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	MED EXP (Any one person)	\$	5,000	PERSONAL & ADV INJURY	\$	1,000,000	GENERA. AGGREGATE	\$	2,000,000	PRODUCTS - COMP/OP AGG	\$	2,000,000
EACH OCCURRENCE	\$	1,000,000																						
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000																						
MED EXP (Any one person)	\$	5,000																						
PERSONAL & ADV INJURY	\$	1,000,000																						
GENERA. AGGREGATE	\$	2,000,000																						
PRODUCTS - COMP/OP AGG	\$	2,000,000																						
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td><td></td></tr> <tr><td>BODILY INJURY (Per persn)</td><td>\$</td><td></td></tr> <tr><td>BODILY INJURY (Per accident)</td><td>\$</td><td></td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td><td></td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$		BODILY INJURY (Per persn)	\$		BODILY INJURY (Per accident)	\$		PROPERTY DAMAGE (Per accident)	\$							
COMBINED SINGLE LIMIT (Ea accident)	\$																							
BODILY INJURY (Per persn)	\$																							
BODILY INJURY (Per accident)	\$																							
PROPERTY DAMAGE (Per accident)	\$																							
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>AUTO ONLY - EA ACCIDENT</td><td>\$</td><td></td></tr> <tr><td>OTHER THAN AUTO ONLY: EA ACC</td><td>\$</td><td></td></tr> <tr><td>AGG</td><td>\$</td><td></td></tr> </table>	AUTO ONLY - EA ACCIDENT	\$		OTHER THAN AUTO ONLY: EA ACC	\$		AGG	\$										
AUTO ONLY - EA ACCIDENT	\$																							
OTHER THAN AUTO ONLY: EA ACC	\$																							
AGG	\$																							
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$</td><td></td></tr> <tr><td>AGGREGATE</td><td>\$</td><td></td></tr> <tr><td></td><td>\$</td><td></td></tr> <tr><td></td><td>\$</td><td></td></tr> <tr><td></td><td>\$</td><td></td></tr> </table>	EACH OCCURRENCE	\$		AGGREGATE	\$			\$			\$			\$				
EACH OCCURRENCE	\$																							
AGGREGATE	\$																							
	\$																							
	\$																							
	\$																							
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> WC STATUTORY LIMITS</td> <td><input type="checkbox"/> OTHER</td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr> </table>	<input type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$										
<input type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER																							
E.L. EACH ACCIDENT	\$																							
E.L. DISEASE - EA EMPLOYEE	\$																							
E.L. DISEASE - POLICY LIMIT	\$																							
		OTHER																						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS																								

CERTIFICATE HOLDER

CANCELLATION

City of Napoleon Zoning Division 255 Riverview Napoleon, Oh 43540	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
--	---



hansons Home Services

977 E 14 Mile
Troy, MI 48063
248.581.3030

To: *Bldg Dept* From: *Barb*
 Fax: *248-587-0572* Date: *1/27/10*
 Phone: *248-581-3030 ext 270* Pages:
 Re: CC:

*Permit off for
 15112 COUNTY Rd-J*



CERTIFICATE OF LIABILITY INSURANCE

OP ID DC
9HANS03

DATE (MM/DD/YYYY)

12/11/09

PRODUCER
 LSG Insurance Partners
 2369 Franklin Road
 PO Box 3000
 Bloomfield Hills MI 48302-3000
 Phone: 248-332-3100 Fax: 248-332-6396

INSURED
 Hansons' Windows &
 Construction Inc
 977 E 14 Mile Rd
 Troy MI 48083

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: First Specialty Insurance Co	
INSURER B: Insurance Co of State of PA	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 20,000 deductible per claim GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	IRG15036-2	01/31/09	01/31/10	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
A		EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ None	IRE15037-2	01/31/09	01/31/10	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	WC007197539 OFFICERS EXCLUDED	01/31/09	01/31/10	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Sales of windows, aluminum siding and roofing. Workers' compensation excludes OH employees.

CERTIFICATE HOLDER

CANCELLATION

NAP0001

City of Napoleon
 255 W. Riverview Ave
 Napoleon OH 43545

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
 Swett & Crawford



Zoning Administrator
Building Commissioner
Tom Zimmerman

CITY OF NAPOLEON
Building & Zoning Division
255 W. Riverview Avenue, PO Box 151, Napoleon, OH 43545
Phone: 419-592-4010 - Fax: 419-599-8393

Fax Transmission

To:

Company Name: Hansons Window & Siding of Toledo, LLC

Fax Number: 419-482-8425

Number of pages: 6

From: Tom Zimmerman

Date: 1/19/2010 **Time:** 8:43 AM

Comments: We received a check for a permit for the Derek Kania home. However, we have not received your contractor registration form and \$25.00 for 2010. A form is enclosed for completion and return by you.

Also enclosed is a permit form to be completed and returned to us as well. (We will wait to process the check for the permit once all forms have been returned to us).

If you have any questions, please call or email Kris at 419-592-4010 or khonemann@napoleonohio.com

Message Confirmation Report

JAN-19-2010 09:11 TUE

Fax Number : 4195998393
Name : NAPOLEON CITY

Name/Number : 914194828425
Page : 6
Start Time : JAN-19-2010 09:09 TUE
Elapsed Time : 02'00"
Mode : STD G3
Results : [O.K]

If you have any questions, please call or email Kris at 419-592-4010 or khonemann@napoleonohio.com
have been returned to us).
Also enclosed is a permit form to be completed and returned to us as well. (We will wait to process the check for the permit once all forms
you.

Comments: We received a check for a permit for the Derek Kanja home. However, we have not received your contractor registration form and \$25.00 for 2010. A form is enclosed for completion and return by

Date: 1/19/2010 **Time:** 8:43 AM

From: Tom Zimmerman

Number of pages: 6

Fax Number: 419-482-8425

Company Name: Hansons Window & Siding of Toledo, LLC

To:

Fax Transmission

CITY OF NAPOLEON
Building & Zoning Division
255 W. RiverView Avenue, PO Box 161, Napoleon, OH 43545
Phone: 419-592-4010 - Fax: 419-599-8393

Zoning Administrator
Building Commissioner
Tom Zimmerman

