

PERMIT

CITY OF NAPOLEON, OHIO — DEPT. OF BUILDING & ZONING
255 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 592-4010

Permit No. 814 Date May 1, 1984
Job Location 844 Hobson Valuation \$ 3,000.00
Owner Jan Gilliland Address 844 Hobson
Contractor " " Name " " Address 844 Hobson
Telephone No. 592-7713
Address 844 Hobson, Napoleon, Ohio
Electric Contractor _____
Plumbing Contractor _____
Mechanical Contractor _____

This permit is issued for work described in the plans, specifications, and/or application submitted, as approved by the Building Commissioner of the City of Napoleon, Ohio. Work shall conform to all pertinent construction and land use Codes and Ordinances.

Work Information:

Residential X Commercial _____ Industrial _____
No. dwelling units
New Construction _____ Addition _____ Remodel _____
Brief Description of Work Vinyl siding

ISSUED BY Richard A. Hayman Building Official PEB DEPT. OF BUILDING & ZONING

It is the owners or contractors responsibility to call the Building Department for the following (x) inspections:

- _____ Footing excavation prior to placing concrete.
- _____ Footing drains and foundation prior to backfill.
- _____ Prepared sub-grade prior to placing concrete floor slab.
- _____ Sanitary sewer
- _____ Rough-in electrical, plumbing and service framing prior to installing wall board.
- _____ Final electrical, plumbing and heating.
- X Final building inspection, prior to occupancy.

PERMIT & FEES

Building Permit	\$ <u>12.00</u>
Electrical Permit	\$ _____
Plumbing Permit	\$ _____
Mechanical Permit	\$ _____
Demolition Permit	\$ _____
Zoning Permit	\$ _____
Sign Permit	\$ _____
Water Tap	\$ _____
Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other	\$ _____

TOTAL FEES \$ 12.00
LESS FEES PAID \$ -0-
BALANCE DUE \$ 12.00

MAY 1 1984

CITY OF NAPOLEON

Permit is not valid until all fees are paid in full, and shall be void if work is not started within six months of date above.

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Owner Jan Gillingland Name Jan Gillingland Address 844 Hobson
Contractor _____ Telephone No. 592-7717
Address 844 Hobson, Napoleon, Ohio
Electric Contractor _____
Plumbing Contractor _____
Mechanical Contractor _____

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INSPECTION RECORD

UNDERGROUND		ROUGH-IN &				FINAL	
Type	Date	By	Type	Date	By	Date	
PLUMBING	Sewer Connection		Drainage, W. & Vent			Drainage, W. & Vent	
	Building Sewer		Water Piping			Water Heater	
	Water Piping		Condensate Lines			Backflow Prevention	
			Indirect Waste				
ELECTRICAL	Floor Ducts Raceways		Rough Wiring			FINAL APPROVAL Electric Mtr. Clearance	
	Conduits & or Cable		Conduits/ Cable			Signs	
	Grounding & or Bonding		Service Panel Switchboard				
			Subpanels				
			<input type="checkbox"/> Range <input type="checkbox"/> Dryer				FINAL APPROVAL
			Refrigerant Piping				Duct Insulation
MECHANICAL	Ducts/ Plenums		Ducts/ Plenums			Chimney(s)	
			Ventilation <input type="checkbox"/> Supply <input type="checkbox"/> Exhst.			Furnace(s)	
						FINAL APPROVAL	
			Wall Construction			Fireplace Chimney	
BUILDING	Excavation		Crawl Space <input type="checkbox"/> Vent <input type="checkbox"/> Access			Attic <input type="checkbox"/> Vent <input type="checkbox"/> Access	
	Footings & Reinforcing		Floor System(s)			Special Insp Reports Rec'd	
	Sub-soil Drain		Roof System			Smoke Detector	
	Foundation Walls		Fire Wall(s)			Demolition (sewer cap)	
	Floor Slab		Roof Cover Roof Drain			Building or Structure	
	FINAL APPROVAL BLDG. DEPT		Certificate of Occupancy issued			#	

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 844 Hobson Cost of project 3,000.00

Owner's Name Jan Gilliland Address 844 Hobson

Contractor Owner Telephone No. 592-7713

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 _____

Accessory Building _____ Siding _____

Brief Description of Work: ----- ~~_____~~ Vinyl siding (Specific Type)

Size: Length _____ Width _____ No. of Stories _____

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 5-1-84 Applicant's Signature Sandy Gilliland

PAID
 MAY 1 1984
 CITY OF NAPOLEON

PERMIT NO. 814
 PERMIT FEE \$ 12.00

