

PERMIT

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

Permit No. 01744 Issued 5-10-89 date

Job Location 1791 & 1799 Oakwood
SW 1/4 Pt. O address E.H.
Lot NW 1/4 Section 12 Annexation

Issued By Eldon Huber
building official
Owner Hutchens Company 803-642-2301 tel.

Address Aiken, S.C. 29801
Agent Vernon Nagel, Inc. 592-3861
builder-eng.-etc. tel.
Address Napoleon, Ohio

Description of Use 4 structures to be demolished
Residential 2 Houses & 2 out buildings.
no. dwelling units

Commercial Industrial
New Add'n. Alter Remodel

Mixed Occupancy
Change of Occupancy

Estimated Cost \$ _____

FEES	BASE	PLUS	TOTAL
<input type="checkbox"/> BUILDING			
<input type="checkbox"/> ELECTRICAL			
<input type="checkbox"/> PLUMBING			
<input type="checkbox"/> MECHANICAL			
<input checked="" type="checkbox"/> DEMOLITION	40.00	10.00	50.00
<input type="checkbox"/> ZONING			
<input type="checkbox"/> SIGN			
<input type="checkbox"/> WATER TAP			
<input type="checkbox"/> SEW. INSP.			
<input type="checkbox"/> SEWER TAP			
<input type="checkbox"/> TEMP. WATER			
<input type="checkbox"/> TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs		
	Elect. _____ hrs		
TOTAL FEES.....			50.00
LESS MIN. FEES PAID _____ date			
BALANCE DUE.....			

ZONING INFORMATION

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

WORK INFORMATION:

Size: Length _____ 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: 1791 (South house) 2 story **PAID**

1799 (North house) 1 story - see attached sketch MAY 18 1989

Date 5-18-89 Applicant Signature [Signature] owner-agent **CITY OF NAPOLEON**

This addendum becomes part of the above referenced permit and modifies it only to the extent herein set forth.

Received and accepted by

4-10-89

Date

Vernon Lloyd Inc. Vernon Lloyd
Signature of applicant as a
condition of granting the
permit

05/10/89 09:36

419 255 6222

Picton-Cavanaugh

002/005

AGORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YYYY)

5/10/89

PRODUCER

Picton Cavanaugh
P. O. Box 2167
Toledo, OH 43603
Phone: (419) 241-8211

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

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A	Great American Insurance Co.
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

CODE SUB-CODE

INSURED
VERNON NAGEL, INC. AND
VERN & EDNA NAGEL
0-154 ROAD 11C, ROUTE #5
NAPOLEON, OH 43545

COVERAGES

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	ALL LIMITS IN THOUSANDS
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR OWNER'S & CONTRACTOR'S PROT.	BP880-87-69-02	3/10/89	3/10/90	GENERAL AGGREGATE \$ 1,000 PRODUCTS-COMP/OPS AGGREGATE \$ 1,000 PERSONAL & ADVERTISING INJURY \$ 1,000 EACH OCCURRENCE \$ 1,000 FIRE DAMAGE (Any one fire) \$ 50 MEDICAL EXPENSE (Any one person) \$ 5
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY	CAP880-87-70-02	3/10/89	3/10/90	COMBINED SINGLE LIMIT \$ 1,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
A	EXCESS LIABILITY OTHER THAN UMBRELLA FORM WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	PK0880-87-71-02	3/10/89	3/10/90	EACH OCCURRENCE \$ 5,000 AGGREGATE \$ 5,000 STATUTORY \$ (EACH ACCIDENT) \$ (DISEASE - POLICY LIMIT) \$ (DISEASE --EACH EMPLOYEE)
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

RE: Oakwood Plaza

CERTIFICATE HOLDER

City of Napoleon
255 Riverview
Napoleon, OH 43545

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO MAIL SUCH NOTICE SHALL NOT AFFECT THE VALIDITY OF THE

3 Feb 89 RCF

Property Research for Oakwood Playa PC # 89/01 on Computer

~~Ronald M. Campbell
PO Box 3077 300 Fabian Dr.
SW Aiken, S. Carolina 29801~~ William Peelle
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Wilmington, Ohio 45177 ✓

~~J. Robert Hayslip
5085 Reed Rd.
Columbus, Ohio 43220~~

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Liberty Cent., Ohio 43532 ✓

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Napoleon, Ohio 43545 ✓

Eugene Hogrefe
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Napoleon, Ohio 43545 ✓

Oakwood Village Ltd. Ptr.
1 Marion Ave.
Mansfield, Ohio 44920 ✓

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11-163 Rd. P Rt. 5
Napoleon, Ohio 43545 ✓

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Napoleon, Ohio 43545 ✓

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Marilyn Feather
Rt. 5 Oak Meadows
Bryan, Ohio 43506 ✓

See next page for when sent

Demo. No duplication sent
5/9/89

Vernon Vogel Inc.
Vernon Vogel