

# PERMIT

## CITY OF NAPOLEON - BUILDING DEPARTMENT

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

Permit No. 02295 Issued 5-21-91  
date

Job Location 333 W. Main  
address

Lot 2 Staffords 1st  
sub-div or legal discript

Issued By Brent N. Damman  
building official

Owner Walker Mortuary  
name tel.

Address 333 W. Main

Agent John Babcock 533-4129  
builder-eng.-etc. tel.

Address 7-703, St.rt. 110, Napoleon

Description of Use Mortuary

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Residential \_\_\_\_\_  
no. dwelling units

Commercial XX Industrial \_\_\_\_\_

New \_\_\_\_\_ Add'n. XX Alter \_\_\_\_\_ Remodel \_\_\_\_\_

Mixed Occupancy \_\_\_\_\_

Change of Occupancy \_\_\_\_\_

Estimated Cost \$ 6651.00

| FEES  | BASE              | PLUS             | TOTAL   |
|---|-------------------|------------------|---------|
| <input checked="" type="checkbox"/> BUILDING              | \$ 9.00           | \$42.00          | \$51.00 |
| <input type="checkbox"/> ELECTRICAL                       |                   |                  |         |
| <input type="checkbox"/> PLUMBING                         |                   |                  |         |
| <input type="checkbox"/> MECHANICAL                       |                   |                  |         |
| <input type="checkbox"/> DEMOLITION                       |                   |                  |         |
| <input type="checkbox"/> ZONING                           |                   |                  |         |
| <input type="checkbox"/> SIGN                             |                   |                  |         |
| <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.....   |                   |                  | \$51.00 |
| LESS MIN. FEES PAID <u>5-23.91</u><br><small>date</small> |                   |                  | 51.00   |
| BALANCE DUE.....  |                   |                  | \$ 0.00 |

### ZONING INFORMATION

| district | lot dimensions | area          | front yd  | side yds                 | rear yd   |
|----------|----------------|---------------|-----------|--------------------------|-----------|
| C        | 66 x 132       | 8712          | 25        | 5                        | 15        |
| max hgt  | no pkg spaces  | no ldg spaces | max cover | petition or appeal req'd | date appr |
| 35'      | 2 per          |               | 45%       |                          |           |

### 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 \_\_\_\_\_  
type

Additional Information: Install wheelchair ramp

**PAID**

Date 5-21-91 Applicant Signature John A. Babcock owner-agent MAY 23 1991





APPLICATION  
for  
RESIDENTIAL BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, PERMITS and DEMOLITION PERMIT  
from the

CITY OF NAPOLEON - BUILDING DEPARTMENT

253 West Riverview Ave. Napoleon, Ohio 43345 Ph. 419-392-4010

Entry No. \_\_\_\_\_

Permit No. 02295 Issued 5-21-91

Job Location 333 W. Main

Lot 2 Staffords 1st  
sub-div. or legal disc.

Issued By BNO  
building official

Owner Walker Mortuary Pn \_\_\_\_\_

Address 333 W. Main

Agent John Babcock Pn 533-4129

Address 7-703 St. Rt. 110 Napoleon

Description of Use Mortuary

Residential \_\_\_\_\_  
Commercial X no. dwelling units \_\_\_\_\_ Industrial \_\_\_\_\_  
New Add'n. X Alter \_\_\_\_\_ Remodel \_\_\_\_\_

Mixed Occupancy \_\_\_\_\_  
Change of Occupancy \_\_\_\_\_

Estimated Cost \$ 6651.00

**-ZONING INFORMATION**

| district   | lot dimensions | area          | front yd   | side yds.                 | rear yd   |
|------------|----------------|---------------|------------|---------------------------|-----------|
| <u>C</u>   | <u>66x132</u>  | <u>8712</u>   | <u>25</u>  | <u>5</u>                  | <u>15</u> |
| max hgt    | no pkg spaces  | no ldg spaces | max cover  | petition or appeal req'd. | date appr |
| <u>35'</u> | <u>2 per</u>   |               | <u>45%</u> |                           |           |

**WORK INFORMATION:**

BUILDING: Garage Fl. Area \_\_\_\_\_ Basement Fl. Area \_\_\_\_\_ Second Floor Area \_\_\_\_\_  
Size: Length \_\_\_\_\_ Width \_\_\_\_\_ Stories \_\_\_\_\_ Ground Floor Area \_\_\_\_\_  
Height \_\_\_\_\_ Building Volume (for deso. permit) \_\_\_\_\_ cu. ft.

Description of Work: Install wheel chair ramp

| Ct. Permits Req.                               | Base             | Fees Plus        | Total        |
|--|------------------|------------------|--------------|
| <input checked="" type="checkbox"/> Building   | <u>9.00</u>      | <u>42.00</u>     | <u>51.00</u> |
| <input checked="" type="checkbox"/> Electrical |                  |                  |              |
| <input type="checkbox"/> Plumbing              |                  |                  |              |
| <input type="checkbox"/> Mechanical            |                  |                  |              |
| <input type="checkbox"/> Demolition            |                  |                  |              |
| <input type="checkbox"/> Zoning                |                  |                  |              |
| <input type="checkbox"/> Sign                  |                  |                  |              |
| <input type="checkbox"/> Water tap             |                  |                  |              |
| <input type="checkbox"/> Sewer Tap             |                  |                  |              |
| <input type="checkbox"/> Temp. Water           |                  |                  |              |
| <input type="checkbox"/> Temp. Elec.           |                  |                  |              |
| Additional plan review                         | struc. _____ hrs | Elect. _____ hrs |              |
| Total Fees.....                                |                  |                  | <u>51.00</u> |
| Less Min. Fees Pd. <u>5-23-91</u>              |                  |                  | <u>51.00</u> |
|  |                  | date             |              |
| Balance Due.....                               |                  |                  | <u>0</u>     |

**PAID**

MAY 23 1991

CITY OF NAPOLEON

Continue on Back Side for Electrical, Plumbing and Mechanical and other Information;

**ELECTRICAL: Electrical Contractor** \_\_\_\_\_ Pn. \_\_\_\_\_  
 Address \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_  
 Type of work: New \_\_\_\_\_ Service change \_\_\_\_\_ Rewiring \_\_\_\_\_ Additional Wiring \_\_\_\_\_ Temp. Elec. Req. \_\_\_\_\_  
 Size of service \_\_\_\_\_ Underground \_\_\_\_\_ Overhead \_\_\_\_\_ No. of new circuits \_\_\_\_\_  
 Description of work: \_\_\_\_\_

**PLUMBING: Plumbing Contractor** \_\_\_\_\_ Pn. \_\_\_\_\_  
 Address \_\_\_\_\_ Estimated Cost \$ \_\_\_\_\_  
 Water Tap Req. \_\_\_\_\_ Size \_\_\_\_\_ Type of Pipe \_\_\_\_\_ Water Dist. Pipe \_\_\_\_\_  
 San. Sewer Tap Req. \_\_\_\_\_ Size \_\_\_\_\_ Type of Pipe \_\_\_\_\_ Dr. Waste Vt. Pipe \_\_\_\_\_  
 St. Sewer Tap Req. \_\_\_\_\_ Size \_\_\_\_\_ Type of Pipe \_\_\_\_\_ Street to be Opened \_\_\_\_\_  
 Main Building Drain Size \_\_\_\_\_ Main Vent Pipe Size \_\_\_\_\_ List Number of Plumbing Fixtures Below  
 Water Closets \_\_\_\_\_ Bathtubs \_\_\_\_\_ Showers \_\_\_\_\_ Lavatories \_\_\_\_\_ Kitchen Sinks \_\_\_\_\_ Disposal \_\_\_\_\_ Dishwasher \_\_\_\_\_ Clothes Washer \_\_\_\_\_  
 Floor Drains \_\_\_\_\_ Other Fixtures: Type \_\_\_\_\_ No. \_\_\_\_\_  
 Description of Work: \_\_\_\_\_

**MECHANICAL: Mechanical Contractor** \_\_\_\_\_ Pn. \_\_\_\_\_  
 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 \_\_\_\_\_  
 No. of Heat Zones \_\_\_\_\_ Hot Water: (One Pipe \_\_\_\_\_ Two Pipe \_\_\_\_\_ Series Loop \_\_\_\_\_) Electric Heat: (No of Circuits \_\_\_\_\_) No. of Furnaces \_\_\_\_\_  
 No. of Hot Air Runs \_\_\_\_\_ No. of Hot Water Radiators \_\_\_\_\_ Total Heat Loss \_\_\_\_\_ Rated Capacity of Furnace/Boiler \_\_\_\_\_  
 Location of Heating Units: Crawl Space \_\_\_\_\_ Floor Level \_\_\_\_\_ Attic \_\_\_\_\_ Suspended \_\_\_\_\_ Roof \_\_\_\_\_ Outside \_\_\_\_\_ Other \_\_\_\_\_  
 Description of Work \_\_\_\_\_

**DRAWINGS REQUIRED:** All Applications must be Accompanied by Two Complete sets of Drawings Including SITE PLAN, FOUNDATION PLAN, FLOOR PLANS, STRUCTURAL FRAMING PLANS, EXTERIOR ELEVATIONS, SECTIONS and DETAILS, STAIR DETAILS, ELECTRICAL LAYOUT, PLUMBING ISOMETRIC, HEATING LAYOUT ETC. All plans shall be DRAWN TO SCALE. Show all existing structures on the site plan also, 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 Dept. Rules and Regulations, Standard Specifications and other Pertinent Sections of the Napoleon Code of Ordinances.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_  
 Application not valid without signature

333 W. Main St.

BLEACHES



