

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: 1523

DATE ISSUED: 02-21-03

ISSUED BY: BND

JOB LOCATION: S874 COUNTY ROAD 14C

EST. COST:

LOT #:

SUBDIVISION NAME:

OWNER: DRUHOT SHAWN
ADDRESS: 839 E GRACEWAY DR
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-7925

AGENT: P&S MANGMT GRP LTD
ADDRESS: 2010 10TH ST NE
CSZ: CANTON, OH 44705
PHONE: 330-454-4048

USE TYPE - RESIDENTIAL:

OTHER:

ZONING INFORMATION

DIST: LOT DIM: AREA: FYRD: SYRD: RYRD:
MAX HT: # PKG SPACES: # LOADING SP: MAX LOT COV:

BOARD OF ZONING APPEALS:

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

WORK INFORMATION

SIZE - LGTH: WIDTH: STORIES: LIVING AREA SF:
GARAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION

ELECT SERV OUTSIDE
TEMP POLE & 200 UG

FEE DESCRIPTION PAID DATE FEE AMOUNT DUE

TOTAL FEES DUE 0.00

DATE

APPLICANT SIGNATURE

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 2-17-03 JOB LOCATION S-874 Co. Rd. 14C

LOT # _____ SUBDIVISION NAME _____

OWNER SHAWN DEUHOT PHONE 592-7925

OWNER ADDRESS 839 E. GRACEWAY CITY _____ ZIP _____

CONTRACTOR Summit Homes PHONE 330-904-5420 (CELL)

CONTRACTOR ADDRESS _____ CITY _____ ZIP _____

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: TEMPORARY POWER POLE

ESTIMATED COST OF WORK TO BE PERFORMED: _____

WORK INFORMATION

BUILDING: Basement Floor Area _____ Sq. Ft. 1st Story Living Area _____ Sq. Ft.

2nd Floor Living Area _____ Sq. Ft. Garage Floor Area _____ Sq. Ft.

BUILDING SIZE: Length _____ Width _____ Stories _____ Height _____ DEMO VOL _____

Masonry Contractor Address _____ City _____ Phone _____ St _____ Fax _____ Zip _____

Electrical Contractor Address _____ City _____ Phone _____ St _____ Fax _____ Zip _____

Plumbing Contractor Address _____ City _____ Phone _____ St _____ Fax _____ Zip _____

Heating Contractor Address _____ City _____ Phone _____ St _____ Fax _____ Zip _____

Insulation Contractor Address _____ City _____ Phone _____ St _____ Fax _____ 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 _____

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 #: 1523

ISSUED: 02-21-2003

JOB LOCATION: S874 COUNTY ROAD 14C

WORK DESCRIPTION: ELECT SERV OUTSIDE

OWNER: DRUHOT SHAWN

ADDRESS: 839 E GRACEWAY DR NAPOLEON, OH 43545

OWNER PHONE: 419-592-7925

CONTRACTOR: P&S MANGMT GRP LTD

ADDRESS: 2010 10TH ST NE CANTON, OH 44705

CONTRACTOR PHONE: 330-454-4048

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 _____

=====

DATE COMPLETED: _____ APPROVED BY: _____

OLD METER NUMBER: _____ NEW METER NUMBER: _____

COMMENTS:

Placed in Jeromes box 2-21-03 w/site plans(2)

