

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: 853 DATE ISSUED: 10-25-01 ISSUED BY: SKE

JOB LOCATION: 16642 CO RD R EST. COST:

LOT #: SUBDIVISION NAME:

OWNER: ADELPHIA AGENT:
ADDRESS: 310 JEFFERSON AVE ADDRESS:
CSZ: DEFIANCE, OH 43512 CSZ:
PHONE: 419-784-1992 PHONE:

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: X REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
NEW ELEC METER

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
ELECTRICAL PERMIT		0.00

TOTAL FEES DUE 0.00

DATE

APPLICANT SIGNATURE

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 #: 853

ISSUED: 10-25-2001

JOB LOCATION: 16642 CO RD R

WORK DESCRIPTION: NEW ELEC METER

OWNER: ADELPHIA

ADDRESS: 310 JEFFERSON AVE DEFIANCE, OH 43512

OWNER PHONE: 419-784-1992

CONTRACTOR:

ADDRESS:

CONTRACTOR PHONE:

ELECTRIC SERVICE UPGRADE _____ NEW SERVICE INSTALLATION X

INDUSTRIAL _____ COMMERCIAL X RESIDENTIAL _____ 1PHASE X 3PHASE _____

SIZE OF SERVICE 100AMP X 150AMP _____ 200AMP _____ 400AMP _____ OTHER _____

HUB SIZE - 1 1/4" _____ 1 1/2" X 2" _____

DESIRED VOLTAGE 120/240 X OTHER _____

UNDERGROUND SERVICE _____ OVERHEAD SERVICE X

=====

DATE COMPLETED: _____ APPROVED BY: _____

OLD METER NUMBER: _____ NEW METER NUMBER: _____

COMMENTS:

Attn. Dave Poole

Gaylor Group

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE _____ *JOB LOCATION 16-642 County Road R

LOT # _____ SUBDIVISION NAME _____

*OWNER ADELPHIN *PHONE 419.784.1992

*OWNER ADDRESS 310 JEFFERSON AVE *CITY DEFIANCE ZIP 43512

*CONTRACTOR GAYLOR GROUP *PHONE 317.843.0577

*CONTRACTOR ADDRESS 11711 N. COLLEGE *CITY CARMEL ZIP 46032

*CONTRACTOR FAX # 317.848.0364 CELL PHONE (Opt.) 317.655.3253

*DESCRIPTION OF WORK TO BE PERFORMED: PREFAB BLDG / FENCE

*ESTIMATED COST OF WORK TO BE PERFORMED: Permit # 772

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 _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

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

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

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

Insulation Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ 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 Dave W. Poole
Gaylor Group

*Date 317.843.0577

GAYLOR

11711 N. College Avenue, Suite 150
Carmel, Indiana 46032
Phone: (317) 843-0577 Fax: (317) 848-0364

FAX TRANSMISSION COVER SHEET

Date: October 24, 2001
To: Brent Dammon
Fax: 419.599.8393
Subject: Meter Socket Application
Sender: David Poole

**YOU SHOULD RECEIVE 2 PAGE(S), INCLUDING THIS COVER SHEET.
IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL (317) 843-0577.**

Thanks for your help.

Confidentiality Notice

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