

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: 107 DATE ISSUED: 05-09-00 ISSUED BY: BND

JOB LOCATION: 14448 CO RD U EST. COST:

LOT #: SUBDIVISION NAME:

OWNER: KRUSE, GREGG AGENT: SELF
ADDRESS: 22602 CO RD U1 ADDRESS:
CSZ: NAPOLEON, OH 43545 CSZ:
PHONE: 419-267-3409 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: REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
ADD 150 AMP SERVICE
DUPLEX CONVERSION

| 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 #: 107

ISSUED: 05-09-2000

JOB LOCATION: 14448 CO RD U Apt. B (upstairs)

WORK DESCRIPTION: ADD 150 AMP SERVICE

Duplex conversion (retaining existing service for downstairs Apt. A)

OWNER: KRUSE, GREGG

ADDRESS: 22602 CO RD U1 NAPOLEON, OH 43545

OWNER PHONE: 419-267-3409

CONTRACTOR: SELF

ADDRESS:

CONTRACTOR PHONE:

ELECTRIC SERVICE UPGRADE _____ *additional* ~~NEW SERVICE INSTALLATION~~ X

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

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

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

DESIRED VOLTAGE 120/240 X OTHER _____

UNDERGROUND SERVICE _____ OVERHEAD SERVICE X

=====

DATE COMPLETED: _____ APPROVED BY: _____

OLD METER NUMBER: _____ NEW METER NUMBER: _____

COMMENTS:

CITY OF NAPOLEON

ELECTRIC METER BASE RELEASE FORM

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PERMIT #: 107

ISSUED:05-09-2000

JOB LOCATION: 14448 CO RD U

WORK DESCRIPTION: ADD 150 AMP SERVICE

OWNER: KRUSE, GREGG

ADDRESS: 22602 CO RD U1 NAPOLEON, OH 43545

OWNER PHONE: 419-267-3409

CONTRACTOR: SELF

ADDRESS:

CONTRACTOR PHONE:

ELECTRIC SERVICE UPGRADE X NEW SERVICE INSTALLATION ~~X~~

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

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

HUB SIZE - 1 1/4" _____ 1 1/2" _____ 2" ~~X~~ (360 amp)

DESIRED VOLTAGE 120/240 X OTHER 2-Gang

UNDERGROUND SERVICE _____ OVERHEAD SERVICE X

=====

DATE COMPLETED: _____ APPROVED BY: _____

OLD METER NUMBER: _____ NEW METER NUMBER: _____

COMMENTS:

Down Stairs APT - A
Upstairs APT - B

150 AMP

1/0

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 5-9-00 JOB LOCATION 14-448 co Rd 0 Gerald

LOT # _____ SUBDIVISION NAME _____

OWNER Gregg Kruse PHONE 267-3409

OWNER ADDRESS 22-602 co Rd 07 CITY Archbold OH ZIP 43502

CONTRACTOR _____ PHONE _____

CONTRACTOR ADDRESS _____ CITY _____ ZIP _____

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: New Fuse Box 125 up 200 Down

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

Electrical Contractor Nofziger Electric Phone _____ Fax _____
Address _____ City Pattersonville 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 Hit _____ 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 Gregg Kruse Date 5-9-00