

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: 237                      DATE ISSUED: 07-19-00                      ISSUED BY: BND

JOB LOCATION: 845 FOX BRIDGE RD                      EST. COST:

LOT #:    SUBDIVISION NAME:

OWNER: HALL, WENDELL    AGENT: SELF  
ADDRESS: 893 W GRACEWAY DR    ADDRESS:  
CSZ: NAPOLEON, OH 43545    CSZ:  
PHONE: 419-592-7965    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

NEW HOME (OUTSIDE)

FEE DESCRIPTION    PAID DATE    FEE AMOUNT DUE

ELECTRICAL PERMIT

TOTAL FEES DUE    0.00

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DATE

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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 #: 237

ISSUED: 07-19-2000

JOB LOCATION: 845 FOX BRIDGE RD

WORK DESCRIPTION: NEW HOME (OUTSIDE)

OWNER: HALL, WENDELL

ADDRESS: 893 W GRACEWAY DR NAPOLEON, OH 43545

OWNER PHONE: 419-592-7965

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CONTRACTOR: SELF

ADDRESS:

CONTRACTOR PHONE:

ELECTRIC SERVICE UPGRADE \_\_\_\_\_ NEW SERVICE INSTALLATION X

INDUSTRIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ RESIDENTIAL X 1PHASE X 3PHASE \_\_\_\_\_

SIZE OF SERVICE 100AMP \_\_\_\_\_ 150AMP \_\_\_\_\_ 200AMP Y 400AMP \_\_\_\_\_ OTHER \_\_\_\_\_

HD. SIZE - 1 1/4" \_\_\_\_\_ 1 1/2" \_\_\_\_\_ 2" \_\_\_\_\_

DESIRED VOLTAGE 120/240 X OTHER \_\_\_\_\_

UNDERGROUND SERVICE X OVERHEAD SERVICE \_\_\_\_\_

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DATE COMPLETED: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

OLD METER NUMBER: \_\_\_\_\_ NEW METER NUMBER: \_\_\_\_\_

COMMENTS:  
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\_\_\_\_\_  
\_\_\_\_\_