

THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Electrical Permit

Page 1 of 1

Permit Number: EL2005-6

Printed: 2/7/2005

Property Address: 857 Hobson St.

Applicant

Name: JT's Building Maintenance & Construction
Address: 114 W Clinton St

Approval Date:

Napoleon, OH 43545

Phone: 419-592-6085

Owners

Name: Jayne Dupont
Address: 857 Hobson St

Phone: 419-592-6085

~~Contractors~~ JT's Building Maintenance & Construction
Address: 114 W Clinton St
Napoleon, OH 43545

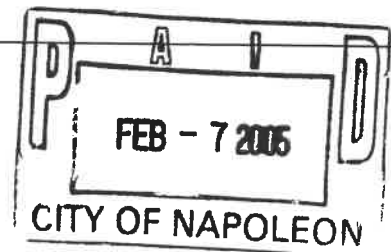
Phone 419-592-6085

Fees and Receipts:

Number	Description	Amount
FEE2005-104	electrical	\$15.00
Total Fees:		\$15.00

Description of work to be done:

Project Description: Upgrade to 200 amp service



Applicant signature: Jay L. Lanzetta

Date: 2-7-04

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMILITIONS, REMODELING.

DATE: 2-7-05 JOB LOCATION: 857 Hobson St.

OWNER: Jayne DuPont PHONE: 419-599-5636

OWNER ADDRESS: 857 Hobson St CITY: Napoleon ZIP: 43545

CONTRACTOR: JTS Building Maint PHONE: 419-592-6085

CONTRACTOR LICENSED WITH THE CITY OF NAPOLEON?: YES: X NO: _____

DESCRIPTION OF WORK TO BE PERFORMED: New Electric Panel

ESTIMATED COST OF WORK TO BE PERFORMED: \$500.00

PLEASE MARK THE TYPE OF WORK YOU WILL BE PERFORMING

- | | |
|---|---|
| <input type="checkbox"/> A/C ADD ON | <input type="checkbox"/> REMODELING |
| <input type="checkbox"/> BOILER REPLACEMENT | <input type="checkbox"/> ROOFING |
| <input type="checkbox"/> CURBING | <input type="checkbox"/> SEWER REPAIRS |
| <input type="checkbox"/> DECKS * | <input type="checkbox"/> SIDEWALK* |
| <input type="checkbox"/> DRIVEWAY* | <input type="checkbox"/> SIDING |
| <input checked="" type="checkbox"/> ELECTRICAL SERVICE UPGRADE
_____ # of new circuits | <input type="checkbox"/> SIGN |
| <input type="checkbox"/> ELECTRICAL SERVICE NEW
_____ # of circuits | <input type="checkbox"/> STORAGE SHED* |
| <input type="checkbox"/> FENCE* | <input type="checkbox"/> STREET BOND |
| <input type="checkbox"/> ADDITIONS* | <input type="checkbox"/> SWIMMING POOL* |
| <input type="checkbox"/> FURNACE REPLACEMENT | <input type="checkbox"/> TEMP ELECTRIC |
| <input type="checkbox"/> FURNACE NEW | <input type="checkbox"/> WATER TAP |
| <input type="checkbox"/> LAWN METER | <input type="checkbox"/> WINDOWS |
| <input type="checkbox"/> PLUMBING | _____ # of windows |
| <input type="checkbox"/> OTHERS: _____ | <input type="checkbox"/> ZONING |

*PLEASE MAKE A PICTURE ON REVERSE SIDE SHOWING MEASUREMENTS FROM EXISTING STRUCTURES AND PROPERTY LINES. INDICATING THE TYPE OF WORK YOU WISH TO PERFORM.