

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: 1585

DATE ISSUED: 04-23-03

ISSUED BY: BND

JOB LOCATION: 451 W MAUMEE AVE

EST. COST: 4000.00

LOT #:

SUBDIVISION NAME:

OWNER: MILLER, TRACI  
ADDRESS: 451 W MAUMEE AVE  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-267-3588

AGENT: RTC ELECTRIC  
ADDRESS: 01667 WEST ST  
CSZ: EVANSPOET, OH 43519  
PHONE: 419-428-2031

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:

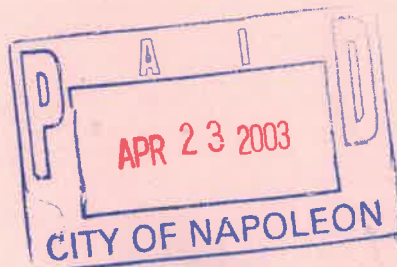
WORK DESCRIPTION  
ELECTRICAL  
COMPLETE REWIRE

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
ELECTRICAL PERMIT		60.00

TOTAL FEES DUE 60.00

4-23-03  
DATE

*Janet Carr*  
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 #: 1585

ISSUED:04-23-2003

JOB LOCATION: 451 W MAUMEE AVE

WORK DESCRIPTION: ELECTRICAL

OWNER: MILLER, TRACI

ADDRESS: 451 W MAUMEE AVE NAPOLEON, OH 43545

OWNER PHONE: 419-267-3588

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CONTRACTOR: RTC ELECTRIC

ADDRESS: 01667 WEST ST EVANSPOET, OH 43519

CONTRACTOR PHONE: 419-428-2031

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

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

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

HUB SIZE - 1 1/4" \_\_\_\_\_ 1 1/2" \_\_\_\_\_ 2"

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

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

=====

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

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

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

# BUILDING INSPECTION REQUEST FORM

LOCATION 451 W. Maumee Ave Permit# \_\_\_\_\_

Owner Name Tracey Miller

Contractor Name RT Electric

Contractor Cell and/or Job Phone# 419 212 0992

Date and time setup for inspection 10-23-03 @ 1:00pm

Must have a minimum of 2hour notice. Check calendar for scheduling conflicts.

- |  |  |
|--|--|
| <input type="checkbox"/> Building                                | <input type="checkbox"/> Demolition          |
| <input type="checkbox"/> Footer                                  | <input type="checkbox"/> Heating Rough       |
| <input type="checkbox"/> Foundation                              | <input type="checkbox"/> Heating Final       |
| <input type="checkbox"/> Temporary Pole                          | <input type="checkbox"/> Sidewalk/Driveway   |
| <input type="checkbox"/> Electric Rough                          | <input type="checkbox"/> Sign                |
| <input type="checkbox"/> Electric Service                        | <input type="checkbox"/> Swimming Pools      |
| <input checked="" type="checkbox"/> Electric Final <i>OK BND</i> | <input type="checkbox"/> Temporary Occupancy |
| <input type="checkbox"/> Plumbing Rough                          | <input type="checkbox"/> Occupancy           |
| <input type="checkbox"/> Plumbing Final                          | <input type="checkbox"/> Sewer Inspection    |
| <input type="checkbox"/> Plumbing Underground                    | <input type="checkbox"/> Other _____         |

APPROVED

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