

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: 810

DATE ISSUED: 10-02-01

ISSUED BY: SKE

JOB LOCATION: 528 W MAUMEE AVE

EST. COST: 6000.00

LOT #:

SUBDIVISION NAME:

OWNER: STOVER, JAN
ADDRESS: 528 W MAUMEE AVE
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-1315

AGENT:
ADDRESS:
CSZ:
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: X REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
ENCLOSED PATIO

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		49.00
ELECTRICAL PERMIT		27.00



TOTAL FEES DUE 76.00

10-2-01
DATE

Jan Stover
APPLICANT SIGNATURE

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 810

DATE ISSUED: 10-02-2001

JOB LOCATION: 528 W MAUMEE AVE

OWNER: STOVER, JAN

OWNER PHONE: 419-592-1315

CONTRACTOR:

CONTRACTOR PHONE:

WORK DESCRIPTION: ENCLOSED PATIO

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN 10-24-01 FINAL _____

SERV UPGR 10-24-01

BUILDING: SITE _____ FTG _____ FNDDT _____

STRUC 10-24-01 ROOF 10-24-01 EXT 10-24-01

VENT _____ ACCES _____ EGRS _____

SMKDT _____ FINAL _____

ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTOR INITIALS: _____

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 #: 810

ISSUED:10-02-2001

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WORK DESCRIPTION: ENCLOS~~E~~X PATIO

OWNER: STOVER, JAN

ADDRESS: 528 W MAUMEE AVE NAPOLEON, OH 43545

OWNER PHONE: 419-592-1315

CONTRACTOR:

ADDRESS:

CONTRACTOR PHONE:

ELECTRIC SERVICE UPGRADE X NEW SERVICE INSTALLATION _____

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

SIZE OF SERVICE 100AMP _____ 150AMP _____ 200AMP X 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:

