THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Electrical Permit

Page 1 of 1

Permit Number: EL2005-15

Printed: 3/28/2005

Property Address:

154 North St.

Applicant

Address:

Frank Boyd

928 N Perry St

Approval Date:

Napoleon, OH 43545

Phone: 419-592-9846

Owners

Name: Frank Boyd

Address: 928 N Perry St

Phone: 419-592-9846

Contractors

Fees and Receipts:

FEE2005-248

Number

Description

Electric Meter Base

Amount

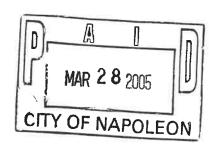
\$25.00

Total Fees:

\$25.00

Description of work to be done:

Upgrading to 200 amp



Applicant signature: 4 Mink

Date: 3-28-05

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

			The state of the s	
DATE:_	3-29-05 JOB LOCATION:	154 North ST	1. Napoleon	
OWNER:	Frank Broyd	PHONE: 4/9-592-	9846	
OWNER .	ADDRESS: 928 N. Perry	CITY: M	applien ZIP: 43.545	
CONTRA	CTOR: Seff	PHONE:		
CONT	RACTOR LICENSED WITH THE CITY OF	NAPOLEON?: YES:	NO:X	
DESCRIPTION OF WORK TO BE PERFORMED: New Service & New Many				
		\mathcal{O}		
	PLEASE MARK THE TYPE OF WORK YOU WILL BE PERFORMING			
	_A/C ADD ON		REMODELING	
	_BOILER REPLACEMENT		_ROOFING	
	CURBING		_SEWER REPAIRS**	
	DECKS *		_SIDEWALK*	
	DRIVEWAY*		_SIDING	
	∠ELECTRICAL SERVICE UPGRADE		_STORAGE SHED*	
	_ELECTRICAL SERVICE NEW		_SWIMMING POOL*	
	FENCE*		FURNACE REPLACEMENT	
	_ADDITIONS*		_TEMP ELECTRIC	
	FURNACE NEW		WATER TAP (size")	
	_LAWN METER		WINDOWS	
	PLUMBING		_ZONING	

*PLEASE INCLUDE A PICTURE SHOWING MEASURMENTS FROM EXISTING STRUCTURES AND PROPERTY LINES. INDICATING THE TYPE OF WORK YOU WISH TO PERFORM.

** IF WORK REQUIRES GOING INTO THE STREET A STREET BOND IS REQUIRED!

FOR PERMIT COSTS PLEASE FILL OUT REVERSE SIDE.



Inspection Record	Page: 1
Inspection #: INSP2005-92	Printed: 5/9/2005
Address: 154 North St.	Reference #: EL2005-15
Napoleon, OH 43545	5
Applicant: Frank Boyd	
Directions To Parcel:	
Inspection Type: Electric Fin	
Inspector: Tom	Status: Closed
Passed? ✓	
Required Steps:	
Comments:	
Inspection Checklist:	
Corrections:	
Correction Code:	Date:
Correction Description:	
Status:	Correction Made Date:
Conditions:	
Condition Code:	Description:
Date: De	epartment: Status:
Other Fields:	