

THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Electrical Permit

Permit Number: EL2006-30

Page 1 of 1

Printed: 5/25/2006

Property Address: 1402 Ohio St.

Applicant

Approval Date:

Address: D.S. Nickels Inc.
J465 Co Rd 15
Napoleon, OH 43545

Phone: 419-264-0300

Owners

Name: Mr. Mike Westfall
1402 Ohio St
Napoleon, OH 43545

Contractors D.S. Nickels Inc.
Address: J465 Co Rd 15
Napoleon, OH 43545

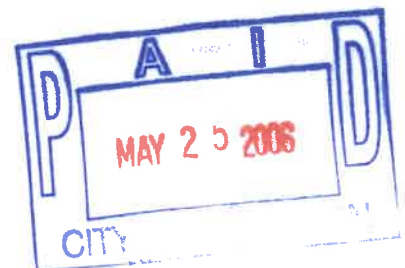
Phone 419-264-0300

Fees and Receipts:

Number	Description	Amount
FEE2006-382	electrical	\$15.00
Total Fees:		\$15.00
RCPT2006-208		\$15.00

Description of work to be done:

upgrading



Applicant signature: *D. M. A.* Date: 5-25-06



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 # EL2006-30

Date Issued: 05/25/06

Job Location: 1402 Ohio St.
Work Description Upgrade

Owner: Mike Westfall
Address: 1402 Ohio St.
Owner Phone: 419

Contractor: DS Nickels
Contractor Phone: 419-409-1615

Electric Service Upgrade New Service Installation:

Industrial: Commercial Residential: 1 Phase 3 Phase:

Size of Service: 100 Amp: 150 Amp: 200 Amp: 400 Amp: Other:

Hub Size: 1 1/4" 1 1/2" 2"

Desired Voltage: 120/240: Other: **200 amp duplex meter** _____

Underground Service Overhead Service

Date Completed: _____ Approved By: _____

Old Meter Number: _____ New Meter Number: _____

Comments: _____

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

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

DATE: 5-25-06 JOB LOCATION: 1402 Ohio St.

OWNER: Mike Westfal PHONE: _____

OWNER ADDRESS: _____ CITY: _____ ZIP: _____

CONTRACTOR: D.S. Nickels Inc.

PHONE #: 419-264-0300 CELL PHONE#: 419-409-1615

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

Is any of the above job going to be subcontracted out? Yes No:

If yes to whom: _____

DESCRIPTION OF WORK TO BE PERFORMED: _____

ESTIMATED COMPLETION DATE: 6-2-06

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 | <input type="checkbox"/> STORAGE SHED* |
| <input type="checkbox"/> ELECTRICAL SERVICE NEW | <input type="checkbox"/> SWIMMING POOL* |
| <input type="checkbox"/> FENCE* | <input type="checkbox"/> FURNACE REPLACEMENT |
| <input type="checkbox"/> ADDITIONS* | <input type="checkbox"/> TEMP ELECTRIC |
| <input type="checkbox"/> FURNACE NEW | <input type="checkbox"/> WATER TAP (size _____") |
| <input type="checkbox"/> LAWN METER | <input type="checkbox"/> WINDOWS |
| <input type="checkbox"/> PLUMBING | <input type="checkbox"/> ZONING |

*PLEASE INCLUDE A PICTURE SHOWING MEASUREMENTS 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

City of Napoleon

BUILDING & ZONING DEPARTMENT

255 W Riverview

(419)592-4010

F

Inspection Record

Inspection #: INSP2006-180

Page: 1

Printed: 6/5/2006

Address: 1402 Ohio St.
Napoleon, OH 43545

Reference #: EL2006-30

Applicant: Mr. Mike Westfall

Directions To Parcel:

Inspection Type: Electric Final

Date: 6/5/2006

Inspector: Tom

Status: Complete

Passed?

Required Steps:

Comments:

Inspection Checklist:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Corrections:

Correction Code:

Date:

Correction Description:

Status:

Correction Made Date:

Conditions:

Condition Code:

Description:

Date:

Department:

Status:

Other Fields: