

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: 1396

DATE ISSUED: 10-31-02

ISSUED BY: MRD

JOB LOCATION: 1132 N SHEFFIELD AVE

EST. COST: 650.00

LOT #:

SUBDIVISION NAME:

OWNER: MYERS, JACK JR.
ADDRESS: 1132 N SHEFFIELD AVE
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-0193

AGENT: SELF
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:

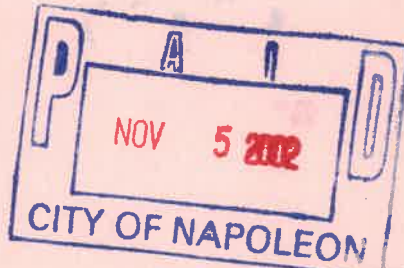
WORK TYPE - NEW: REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
UPDATE ELE 200 AMP
OVERHEAD

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
ELECTRICAL PERMIT		15.00



TOTAL FEES DUE 15.00

11-5-02

DATE

Jack Myers
APPLICANT SIGNATURE

CITY OF NAPOLEON OHIO PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITION, REMODELING.

DATE 9-17-02 JOB LOCATION 1132 N. Sheffield

LOT # _____ SUBDIVISION NAME _____

OWNER Jack Myers Jr. PHONE (419) 592-0193

OWNER ADDRESS 1132 N. Sheffield CITY Napoleon ZIP 43545

CONTRACTOR _____ PHONE _____

CONTRACTOR ADDRESS _____ CITY _____ ZIP _____

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: Change Fuse box to Breakers

ESTIMATED COST OF WORK TO BE PERFORMED: _____

WORK INFORMATION

BUILDING: Basement Floor Area _____ Sq. Ft. 1st Story Living Area _____ Sq. Ft.
2nd Floor Living Area _____ Sq. Ft. Garage Floor Area _____ Sq. Ft.

BUILDING SIZE: Length _____ Width _____ Stories _____ Height _____ DEMO VOL _____

Masonry Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Electrical Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Plumbing Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Heating Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Insulation Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Other Contractor attach information.

ZONING INFORMATION (to be completed by City): District _____ Lot Dimensions _____
Lot Area _____ FRSB _____ SYSB _____ RYSB _____ Max Ht _____ ft Max Cov _____ %

I by signing below agree to comply with all applicable City of Napoleon Codes & Ordinances while performing the work herein described. I understand that all work for which a permit is issued is required to be approved by the building inspector of the City of Napoleon.

Applicant Signature Tina Myers Date 9-18-02

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 #: 1396

ISSUED:10-31-2002

JOB LOCATION: 1132 N SHEFFIELD AVE

WORK DESCRIPTION: UPDATE ELE 200 AMP

OWNER: MYERS, JACK JR.

ADDRESS: 1132 N SHEFFIELD AVE NAPOLEON, OH 43545

OWNER PHONE: 419-592-0193

CONTRACTOR: SELF

ADDRESS:

CONTRACTOR PHONE:

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:

