

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT
 255 West Riverview Avenue, Napoleon, Ohio 43545 - 419-592-4010

Permit No. 108-79 Issued 8-14-79 date
 Job Location 501 Welsted address
 Lot _____ sub-div or legal discript
 Issued By R.E. Johnson (Sue) building official
 Owner Sue Mullen 592-6188 name tel.
 Address 501 Welsted
 Agent Cochran Electric 592-0891 builder-eng.-etc. tel.
 Address 525 N. Perry St.
 Description of Use Elec. Service

Residential XX no. dwelling units
 Commercial _____ Industrial _____
 New _____ Add'n. _____ Alter _____ Remodel XX
 Mixed Occupancy _____
 Change of Occupancy _____
 Estimated Cost \$ 500.00

ZONING INFORMATION

district	lot dimensions	area	front yd	side yds	rear yd
max hgt	no pkg spaces	no ldg spaces	max cover	petition or appeal req'd	date appr

WORK INFORMATION:

Size: Length _____ Width _____ Stories _____ Ground Floor Area _____
 Height _____ Building Volume (for demo. permit) _____ cu. ft.
 Electrical: New 150 amp service and one new circuit.
 Plumbing: n/a
 Mechanical: n/a
 Sign: _____ Dimensions _____ Sign Area _____
 Additional Information: _____

Date 2-6-80 Applicant Signature [Signature] owner-agent

FEES	BASE	PLUS	TOTAL
<input type="checkbox"/> BUILDING			
<input checked="" type="checkbox"/> ELECTRICAL	\$5.00	\$1.00	\$6.00
<input type="checkbox"/> PLUMBING			
<input type="checkbox"/> MECHANICAL			
<input type="checkbox"/> DEMOLITION			
<input type="checkbox"/> ZONING			
<input type="checkbox"/> SIGN			
WATER TAP			
SEWER TAP			
TEMP. ELECT.			
ADDITIONAL PLAN REVIEW	Struct. _____ hrs	Elect. _____ hrs	
TOTAL FEES.....			\$6.00
LESS MIN. FEES PAID _____ date			-0-
BALANCE DUE.....			\$6.00

PAID
 FEB 6 1980
 CITY OF NAPOLEON

CITY OF NAPOLEON
BUILDING INSPECTION DEPARTMENT
APPLICATION FOR ELECTRICAL PERMIT
(PLEASE PRINT OR TYPE)

\$5
- \$1
\$6

The undersigned hereby makes application for the installation, replacement, or alteration of electrical equipment as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Electrical Code for 1, 2 and 3 Family Buildings.

Owner's Name Sue Mullen Address 501 Welsted

Contractor's Name Cochran Electric Address 525 W. Perry Tel 592-0891

LOT INFORMATION:

Location of Project _____ Zoning District _____

BUILDING INFORMATION:

Single Family Double Family _____ Multiple Family _____

New Construction _____ Existing _____ Addition _____

Replacement _____ Remodel _____ Service Change

Size: Total Square Foot Per Floor _____ No. of Stories _____

DESCRIPTION OF WORK

Size of Service 150 AMP. Service Change Only No (Yes or No)

Total Number of New Circuits 1 Total Number of New Circuits Excluding Appliance Circuits _____

APPLIANCE CIRCUITS: (indicate quantity)

Electric Range _____ Range Hood _____ Clothes Dryer _____ Dishwasher _____

Air Conditioner Attic Fan Blower _____ Room Exhaust Fan _____

Disposal _____ Hot Water Heater _____ Electric Oven _____

Require Temporary Electric No (Yes or No)

Note: G.F.I.C. required for all temporary electric with approved ground rod at service.

APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: ELECTRICAL LAY-OUT AND RISER DIAGRAM.

Estimated cost of completed project: \$500.00

DATE 8-13-79 APPLICANT'S SIGNATURE Sharon Myers
OWNER-CONTRACTOR-AGENT

