

THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Electrical Permit

Permit Number: EL2006-11

Page 1 of 2

Printed: 6/28/2006

Applicant

Approval Date: 6/28/2006

Name: Bostelman Electric, LLC

Address: 232 Rohrs

Napoleon, OH 43545

Phone: 419-599-3416

Parcel

Parcel Number: PARC2006-38

Address: 1030 Westchester Ave.

Section: Township:

Addition:

Block:

Legal Description:

Zoning:

Napoleon, OH 43545

Range:

Lot(s):

Owners

Name: Mr. Robert Bernicke

Address: 1030 Westchester Ave

Napoleon, OH 43545

Phone: 419-

Contractors

Contractor Type: Electrician

Name: Bostelman Electric, LLC

Address: 232 Rohrs

Napoleon, OH 43545

Phone: 419-599-3416

Fees and Receipts:

Number	Description	Amount
FEE2006-219	electrical	\$15.00

RCPT2006-73

Total Fees: \$15.00

\$15.00

Total Receipts: \$15.00

Conditions

Date:

Status:

Code:



Condition Description:

Condition Comments:

Other Fields:

number of circuits

Project Description:



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 # EL2006-33
Date Issued: 06/28/06

Job Location: 1030 Westchester Ave
Work Description Service Upgrade,

Owner: Robert Bernicke
Address: 1030 Westchester Ave
Owner Phone: 419-

Contractor: Bostelman Electric
Contractor Phone: 419

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: _____

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: _____ JOB LOCATION: 1030 Westchester

OWNER: Robert Bernicke PHONE: _____

OWNER ADDRESS: 1030 Westchester CITY: Nap ZIP: 43548

CONTRACTOR: ~~Bozell~~ Elee

PHONE #: (419) 599-3416 CELL PHONE#: 769-3416

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: service upgrade

ESTIMATED COMPLETION DATE: _____

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.

**THE CITY OF NAPOLEON
BUILDING & ZONING DEPARTMENT
255 W. RIVERVIEW
(419)592-4010**

Inspection Record

Inspection #: INSP2006-49

Page: 1

Printed: 7/3/2006

Address: 1030 Westchester Ave.
Napoleon, OH 43545

Reference #: EL2006-11

Applicant: Mr. Robert Bernicke

Directions To Parcel:

Inspection Type: Electric Final

Date: 7/3/2006

Inspector: Rick Barnes

Status: Approved

Passed?

Required Steps:

Comments:

Inspection Checklist:

Corrections:

Correction Code:

Date:

Correction Description:

Status:

Correction Made Date:

Conditions:

Condition Code:

Description:

Date:

Department:

Status:

Other Fields: