

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: 97089

DATE ISSUED: 04-02-97

ISSUED BY: BND

JOB LOCATION: 930 WESTMONT AVE

EST. COST: 500.00

LOT #:

SUBDIVISION NAME:

OWNER: JOHNSON RUTH
ADDRESS: 930 WESTMONT AVE
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-1567

AGENT: BOSTELMAN, NORMAN
ADDRESS: 232 ROHRS AVE
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-3416

USE TYPE - RESIDENTIAL: X

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: X ADD'N: ALTER: REMODEL:

WORK INFORMATION

DEPTH - LGTH: WIDTH: STORIES: LIVING AREA SF:
PAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION
ELECTRIC SERVICE UPGRADE

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
ELECTRICAL PERMIT		15.00

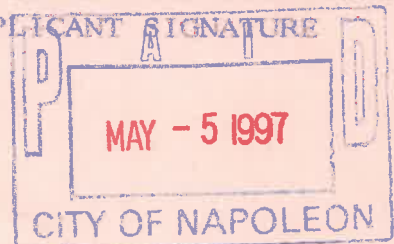
TOTAL FEES DUE 15.00

5-5-97

DATE

Norman Bostelman

APPLICANT SIGNATURE



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 97089

DATE ISSUED: 04-02-97

JOB LOCATION: 930 WESTMONT AVE

OWNER: JOHNSON RUTH

OWNER PHONE: 419-599-1567

CONTRACTOR: BOSTELMAN, NORMAN

CONTRACTOR PHONE: 419-599-3416

WORK DESCRIPTION: ELECTRIC SERVICE UPGRADE

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

 SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

 FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

 SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDT _____

 STRUC _____ ROOF _____ EXT _____

 VENT _____ ACCES _____ EGRS _____

 SMKDT _____ FINAL _____

 ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTOR INITIALS: _____

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 #: 97089

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ELECTRIC SERVICE UPGRADE X NEW SERVICE INSTALLATION _____

INDUSTRIAL _____ COMMERCIAL _____ RESIDENTIAL X 1PHASE X 3PHASE _____

SIZE OF SERVICE 100AMP X 150AMP _____ 200AMP _____ 400AMP _____ OTHER _____

DESIRED VOLTAGE 120/240

UNDERGROUND SERVICE _____ OVERHEAD SERVICE X

=====

DATE COMPLETED: _____ APPROVED BY: _____

OLD METER NUMBER: _____ NEW METER NUMBER: _____

COMMENTS:

1-Copy Bldg Dept. 2-Copies Electric Dept. 1-Completed Copy to Utilities