

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: 1826 DATE ISSUED: 08-20-03 ISSUED BY: TJK

JOB LOCATION: 9463 STATE ROUTE 110 EST. COST:

LOT #: SUBDIVISION NAME:

OWNER: WIECHERS, KEN AGENT: SELF
ADDRESS: 9463 ST RT 110 ADDRESS:
CSZ: NAPOLEON, OH 43545 CSZ:
PHONE: 419-592-0585 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
ELECTRICAL SERVICE

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
ELECTRICAL PERMIT		0.00

TOTAL FEES DUE 0.00

8-20-03

DATE

Kenneth J. Wiecher
APPLICANT SIGNATURE

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 #: 1826

ISSUED: 08-20-2003

JOB LOCATION: 9463 STATE ROUTE 110

WORK DESCRIPTION:

OWNER: WIECHERS, KEN

ADDRESS:

OWNER PHONE:

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:

CITY OF NAPOLEON GENERAL PERMIT APPLICATION
 THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL,
 PLUMBING, MECHANICAL, DEMILITIONS, REMODELING

Date 8-20-03 Job Location 9463 State Route 110

Owner Ken Wiechers Phone 419-592-0585

Owner Address 9463 State Route 110 City Napoleon Zip 43545

Contractor Ken Wiechers Phone 419-592-0585

Description of work to be performed _____

Estimated cost of work to be performed _____

Please indicate the type of work you will be performing by

- | | |
|-----------------------------------------------------|----------------------------------------|
| <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 type="checkbox"/> Electrical Service Upgrade | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Electrical Service New | <input type="checkbox"/> Storage Shed |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Street Bond |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Furnace Replacement | <input type="checkbox"/> Temp Electric |
| <input type="checkbox"/> Furnace New | <input type="checkbox"/> Water Tap |
| <input type="checkbox"/> Lawn Meter | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Zoning |
| <input type="checkbox"/> Others | |

1826 Permit Number