

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: 1348

DATE ISSUED: 09-27-02

ISSUED BY: BND

JOB LOCATION: 11474 CO RD T

EST. COST:

LOT #:

SUBDIVISION NAME:

OWNER: PATRICK, DOUGLAS
ADDRESS: 11474 CO RD T
CSZ: NAPOLEON, OH 43545
PHONE: 419-579-4889

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
UPGRADE ELE 200AMP
OVERHEAD

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
ELECTRICAL PERMIT		0.00

TOTAL FEES DUE 0.00

9-27-02

DATE

Douglas J. Patrick
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 #: 1348

ISSUED: 09-27-2002

JOB LOCATION: 11474 CO RD T

WORK DESCRIPTION: UPGRADE ELE 200AMP

OWNER: PATRICK, DOUGLAS

ADDRESS: 11474 CO RD T NAPOLEON, OH 43545

OWNER PHONE: 419-579-4889

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:

Doug Patrick

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE _____ *JOB LOCATION 11474 County Rd T

LOT # _____ SUBDIVISION NAME _____

*OWNER Douglas D Patrick PHONE (419) 579-4889

*OWNER ADDRESS 11474 County Rd T CITY Napoleon ZIP 43545

CONTRACTOR Self PHONE _____

CONTRACTOR ADDRESS _____ CITY _____ ZIP _____

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: Elcc Serv. Upgrade 200 OH

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 Douglas D Patrick *Date 9-27-02