

PERMIT

City of Napoleon
255 W. Riverview
Napoleon, OH 43545

Division of Building and Zoning
PH (419) 592-4010
FAX (419) 599-8393

Permit No: 002458

Date Issued: 11-15-04

Issued by: MBS

Job Location: N755 ST RT 108

Est. Cost: 500.00

Lot #:

Subdivision Name:

Owner: HULL, RALPH
Address: N755 ST RT 108
CSZ: NAPOLEON, OH 43545
Phone: 419-307-3931

Agent:
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: X Addn'n: Alter: Remodel:

WORK INFORMATION

Size - Lgth: Width: Stories: Living Area SF:
Garage Area SF: Height: Bldg Vol Demo Permit:

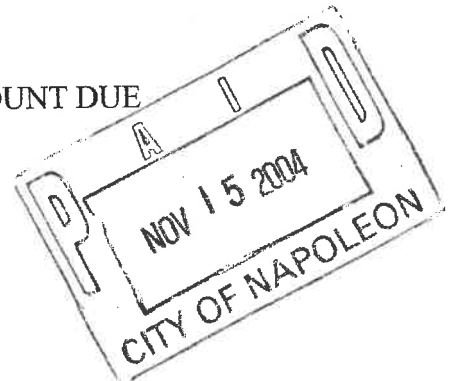
WORK DESCRIPTION

CHANGING ELECTRIC PANEL FROM 100 TO 200

FEE DESCRIPTION
ELECTRICAL PERMIT

PAID DATE

FEE AMOUNT DUE
15.00



Total Fees Due 15.00

11-16-04
Date

Ralph Hull
Applicant Signature

CITY OF NAPOLEON OHIO PERMIT APPLICATION

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

DATE 11-15-04 JOB LOCATION N-755 STATE RT 108 NAPOLEON

LOT # _____ SUBDIVISION NAME _____

OWNER RALPH HULL PHONE _____

OWNER ADDRESS N-755 STATE RT 108 CITY NAPOLEON ZIP 43454

CONTRACTOR SELF PHONE _____

CONTRACTOR ADDRESS _____ CITY _____ ZIP _____

CONTRACTOR FAX # _____ CELL PHONE (Opt.) 419-307-3931

DESCRIPTION OF WORK TO BE PERFORMED: CHANGE ELEC. PANEL FROM 100 AMP TO 200 AMP SERVICE

ESTIMATED COST OF WORK TO BE PERFORMED: \$ 500.00

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 _____ Date _____

Elec upgrade