

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: 681 DATE ISSUED: 07-09-01 ISSUED BY: BND
JOB LOCATION: 608 AVON PL EST. COST: 200.00

LOT #: SUBDIVISION NAME:

OWNER: CHADWICK, DAN AGENT: SELF
ADDRESS: 1212 CO. RD. EF ADDRESS:
CSZ: SWANTON, OH 43558 CSZ:
PHONE: 419-825-5800 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: X ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: WIDTH: STORIES: LIVING AREA SF:
GARAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION

SEPARATE SINGLE WATER SERV INTO 2 SERV

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
PLUMBING PERMIT		15.00

TOTAL FEES DUE 15.00

DATE

APPLICANT SIGNATURE



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WORK DESCRIPTION

SEPARATE SINGLE WATER SERV INTO 2 SERV

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

WATER TAP PERMIT

~~9.00~~ 15.00

TOTAL FEES DUE

~~9.00~~ 15.00

7-9-01

DATE

Mark A Chadwick

APPLICANT SIGNATURE



CITY OF NAPOLEON

WATER METER YOKE RELEASE FORM

THIS DOCUMENT ENTITLES THE HOLDER TO "ONE" WATER METER YOKE ASSEMBLY
(Please pickup at City Operations Department 1775 Industrial Drive).

PERMIT #: 681

ISSUED: 07-09-2001

JOB LOCATION: 608 AVON PL

OWNER: CHADWICK, DAN

PHONE: 419-825-5800

ADDRESS: 1212 CO. RD. EF SWANTON, OH 43558

CONTRACTOR: SELF

ADDRESS:

PHONE:

WATER TAP SIZE 1" _____ 1.5" _____ 2" _____ OTHER _____

WATER METER YOKE SIZE 5/8" _____ 3/4" 1" _____ OTHER _____

NEW STRUCTURE _____ EXISTING STRUCTURE LAWN METER _____

WATER SERVICE LINE TO BE TYPE "K" COPPER OR "CTS" POLYETHELENE TUBING
OF 1" MINIMUM SIZE.

BACKFLOW DEVICE REQUIRED YES NO _____

TYPE OF BACKFLOW DEVICE REQUIRED DOUBLE CHECK VALVE

WATER METER YOKE INSTALLATION IS SUBJECT TO THE FOLLOWING CONDITIONS

- 1.) MUST BE LOCATED IN AN ACCESSIBLE AREA.
- 2.) MUST BE IN AN AREA WHICH IS NOT SUBJECT TO FREEZING TEMPERATURES.
- 3.) MUST BE AT LEAST 18" ABOVE FLOOR LEVEL (NO CRAWL SPACE INSTALLATIONS).
- 4.) MUST COMPLY WITH MINIMUM MOUNTING REQUIREMENTS (DRAWING AVAILABLE)

ISSUED BY _____ RECEIVED BY _____

1-Copy to: Building Dept, Water Dept, and Utilities Dept

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 681

DATE ISSUED: 07-09-2001

JOB LOCATION: 608 AVON PL

OWNER: CHADWICK, DAN

OWNER PHONE: 419-825-5800

CONTRACTOR: SELF

CONTRACTOR PHONE:

WORK DESCRIPTION: SEPARATE SINGLE WATER SERV INTO 2 SERV

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: _____