

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: 220

DATE ISSUED: 06-29-00

ISSUED BY: MBS

JOB LOCATION: ~~1179~~ CHELSEA AVE

EST. COST:

LOT #:

SUBDIVISION NAME:

OWNER: KAHLE DESIGN BUILD
ADDRESS: 04615 ADAMS RIDGE RD
CSZ: DEFIANCE, OH 43512
PHONE: 419-497-4805

AGENT: KAHLE DESIGN & BLD
ADDRESS: 4615 ADAMS RIDGE RD
CSZ: DEFIANCE, OH 43512
PHONE: 419-497-4805

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 ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION
WATER METER UPGRADE

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
- WATER TAP PERMIT		80.00

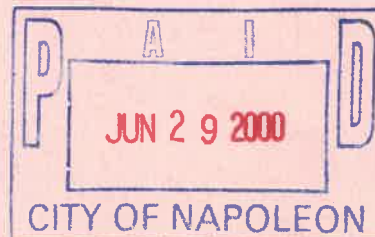
TOTAL FEES DUE 80.00

10-29-00

DATE

Dave Kuhl

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 #: 220

ISSUED: 06-29-2000

JOB LOCATION: 1179 CHELSEA AVE

meter for sprinkler system

OWNER: KAHLE DESIGN BUILD

PHONE: 419-497-4805

ADDRESS: 04615 ADAMS RIDGE RD DEFIANCE, OH 43512

CONTRACTOR: KAHLE DESIGN & BLD

ADDRESS: 4615 ADAMS RIDGE RD DEFIANCE, OH 43512

PHONE: 419-497-4805

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 _____

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