

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: 98378

DATE ISSUED: 11-03-98

ISSUED BY: MBS

JOB LOCATION: 900 CHESTERFIELD DR

EST. COST: 6000.00

LOT #:

SUBDIVISION NAME:

OWNER: STORCH, RICK
ADDRESS: 900 CHESTERFIELD DR
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-9170

AGENT: GARDEN RIDGE NURSERY
ADDRESS: 05557 ST. RT. 66 NORTH
CSZ: DEFIANCE, OH 43512
PHONE: 419-782-0807

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: X REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION

YARD SPRINKLER & 1" METER UPGRADE

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
PLUMBING PERMIT		9.00
WATER TAP PERMIT		106.00

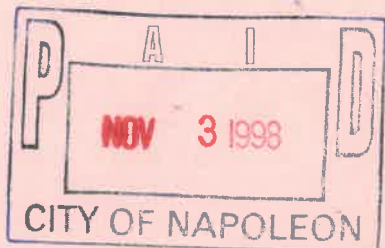
TOTAL FEES DUE 115.00

11/3/98

DATE

[Handwritten Signature]

APPLICANT SIGNATURE




City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 900 Chesterfield (House) Zip: 43545
 Business Name: Resident
 Contact Person: Richard Storch Title: Home Owner
 Phone Number: _____ Date of Test: 12-28-98

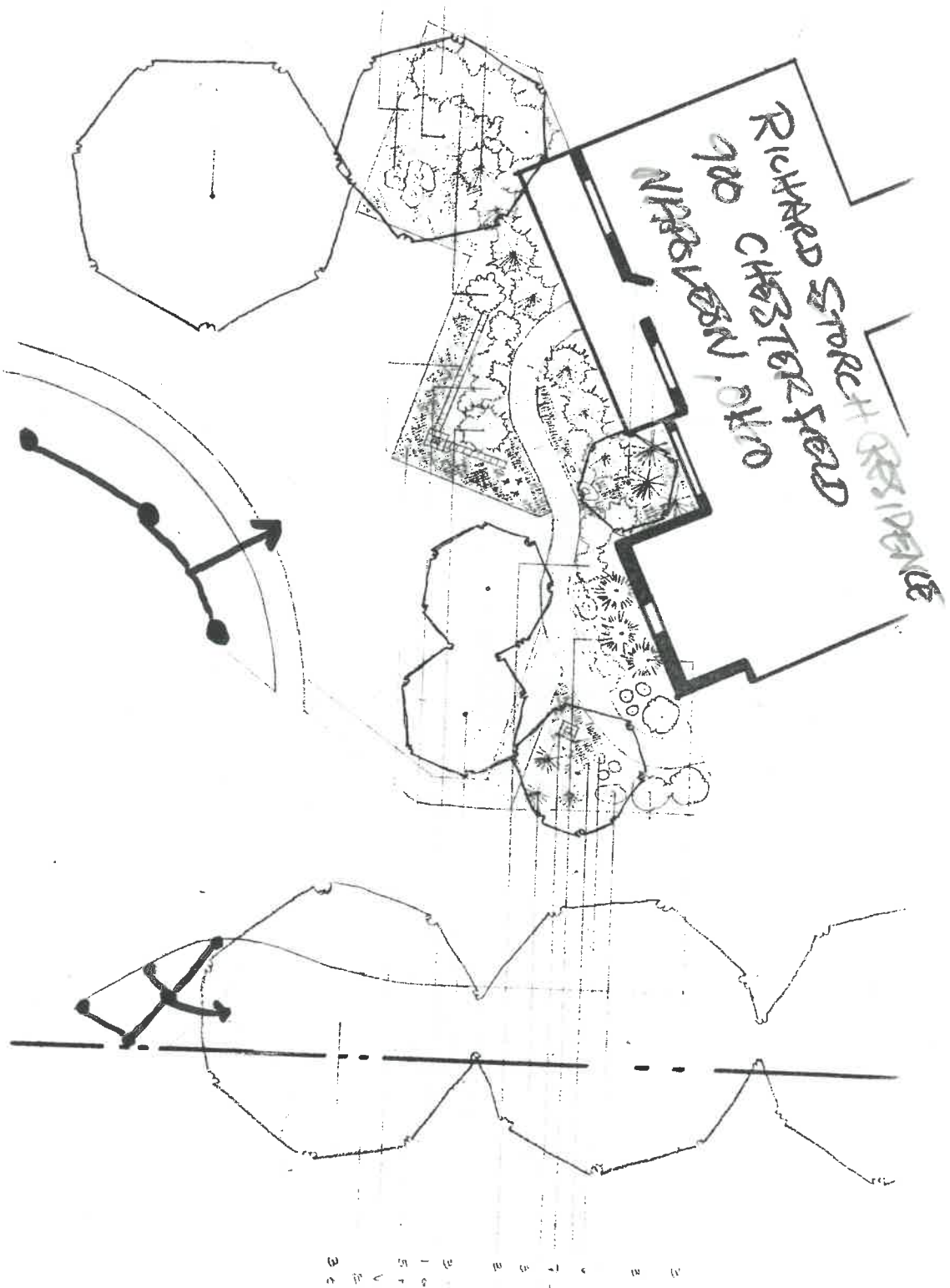
DEVICE INFORMATION

Type (circle one) **RP**  **VB** **RPDA** **DCDA**
 Manf/Model: Watts 007 Size: 3/4" Serial No.: 145765
 Location of Device: S.W. Corner basement

Type of Test Differential Gauge Sight Tube

Outlet Valve	Reduced Pressure Assembly		Pressure Vacuum Breaker		
	Double Check Valve		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Holding <input checked="" type="checkbox"/> Failed <input type="checkbox"/>					
Test Results	DC <u>1.4</u> psi	DC <u>1.4</u> psi	Opened at _____ psi	Opened at _____ psi	Held at _____ psi
	<u>Apparent</u> RP _____ psi		Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Date: <u>12-28-98</u>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input checked="" type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>
Repairs & Materials					
Test After Repairs	DC _____ psi	DC _____ psi	Opened At _____ psi	Opened At _____ psi	Held At _____ psi
	RP _____ psi	RP _____ psi	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Date:	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>	Pass <input type="checkbox"/> Failed <input type="checkbox"/>

Tester Signature: Brian Tephel Certification No. 611
 Owner/Representative Signature: _____



- Toro S-700 Rotating Sprinklers (3)
- Toro S70 Fixed Spray Sprinklers (5)

Ref. lawn sprinkler locations
in right of way

Installed 11/88
GARDEN RIDGE NURSERY
419 782-0807

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