

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: 1183 DATE ISSUED: 06-17-02 ISSUED BY: MRD

JOB LOCATION: 1650 COMMERCE DRIVE EST. COST:

LOT #: SUBDIVISION NAME: COMMERCE PARK

OWNER: CIC AGENT: SELF
ADDRESS: SUITE 301 ADDRESS:
CSZ: NAPOLEON, OH 43545 CSZ:
PHONE: 419-592-4637 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
NEW WATER SERVICE

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
WATER TAP PERMIT		0.00

TOTAL FEES DUE 0.00

6-17-02

DATE

Paul [Signature]

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 #: 1183

ISSUED: 06-17-2002

JOB LOCATION: 1650 COMMERCE DRIVE

OWNER: CIC

PHONE: 419-592-4637

ADDRESS: SUITE 301 NAPOLEON, OH 43545

CONTRACTOR:

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 DCVA

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 M Dawson RECEIVED BY _____

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

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 1183

DATE ISSUED: 06-17-2002

JOB LOCATION: 1650 COMMERCE DRIVE

OWNER: CIC

OWNER PHONE: 419-592-4637

CONTRACTOR:

CONTRACTOR PHONE:

WORK DESCRIPTION: NEW WATER SERVICE

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

 SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

 FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

 SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDDT _____

 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: _____