

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: 994                      DATE ISSUED: 02-07-02                      ISSUED BY: BND

JOB LOCATION: P314 COUNTY ROAD 12                      EST. COST:

LOT #:    SUBDIVISION NAME:

OWNER: T&T TRUCKING    AGENT: SELF  
ADDRESS: PO BOX 39    ADDRESS:  
CSZ: ARCHBOLD, OH 43502    CSZ:  
PHONE:    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

WATER METER

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
WATER TAP PERMIT		198.00

TOTAL FEES DUE                      198.00

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DATE

  
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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 #: 994

ISSUED: 02-07-2002

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OWNER: T&T TRUCKING

PHONE:

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CONTRACTOR: SELF

ADDRESS:

PHONE:

WATER TAP SIZE 1" X 1.5" \_\_\_\_\_ 2" \_\_\_\_\_ OTHER \_\_\_\_\_

WATER METER YOKE SIZE 5/8" X 3/4" \_\_\_\_\_ 1" \_\_\_\_\_ OTHER \_\_\_\_\_

NEW STRUCTURE X EXISTING STRUCTURE \_\_\_\_\_ LAWN METER \_\_\_\_\_

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

BACKFLOW DEVICE REQUIRED YES X NO \_\_\_\_\_

TYPE OF BACKFLOW DEVICE REQUIRED Double check valve  
assembly

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