

CITY OF NAPOLEON WATER TAPPING PERMIT FORM

PERMIT #:

ISSUED:

JOB LOCATION: _____

SUBDIVISION NAME: _____ LOT #: _____

OWNER: Neal Thomas

ADDRESS: 12-564 Rd P

CONTRACTOR: _____ PHONE: _____

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

AMOUNT PAID: _____ YOKE SIZE: _____

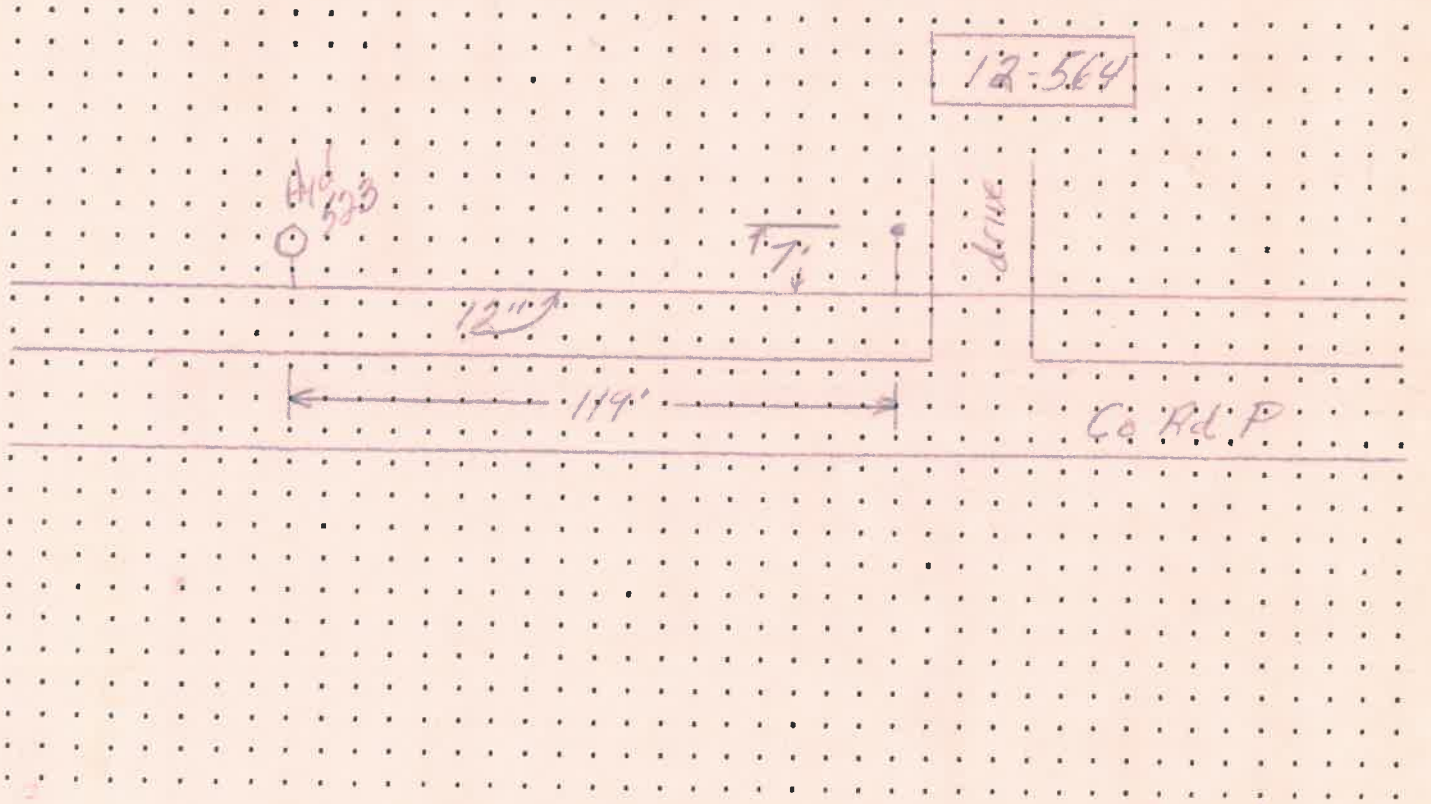
PLUMBING CONTRACTOR: _____ PH: _____

DATE OF TAP: 2-28-02 OLD TAP #: 2674 NEW TAP #: 0206

SIZE AND KIND OF MAIN: 12" C-900

LOCATION OF MAIN: 12' North of North pavement DEPTH OF MAIN: 5'

DIST FROM HYDRANT\VALVE: 119' E. F.H. DIST TO CURB STOP FROM CORP: 7'



DATE APPROVED: March 13, 2002

BY: J. E. Maulugh

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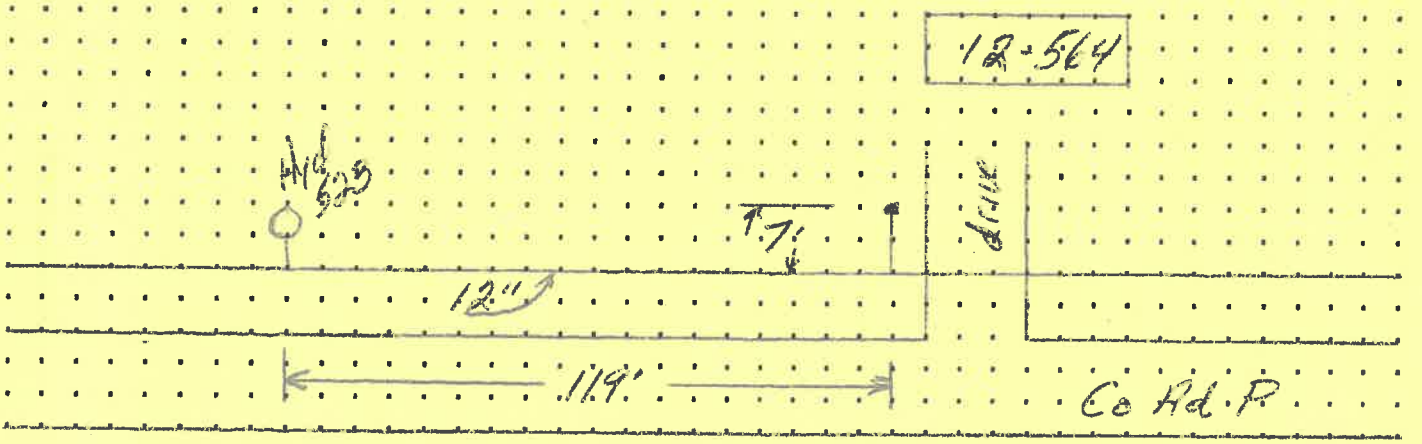
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DATE APPROVED: March 13, 2002 BY: Alley C. Mailough

CITY OF NAPOLEON CONTRACTOR LICENSE

THIS DOCUMENT CERTIFIES THAT THE HOLDER HAS MET THE MINIMUM REQUIREMENTS OF THE CITY BUILDING DEPARTMENT. FURTHERMORE THE HOLDER MAY PERFORM THE TYPE OF WORK WITHIN THE LIMITS OF THIS LICENSE.

LICENSE #: 98045 LICENSE TYPE: GEN

COMPANY NAME: THOMAS REAL ESTATE MAINT.

ADDRESS: 12564 CO RD P NAPOLEON, OH 43545

COMPANY PHONE: 419-599-2427

TYPE OF WORK THAT MAY BE PERFORMED WITHIN THE LIMITS OF THIS LICENSE:

COMMERCIAL RESIDENTIAL INDUSTRIAL

GENERAL CONTRACTING HOME BUILDER REMODELING ROOFING

SIDING WINDOWS GUTTERS * ELECTRICAL * PLUMBING

* HEATING * VENTING * AIR CONDITIONING REFRIGERATION

SEWER REPAIR/CLEANING SIGN BUILDER LANDSCAPING FENCING

PAINTING SIGN BUILDER CABINET BUILDER

ACCESSORY STRUCTURES (WOOD FRAME, STEEL FRAME) SWIMMING POOLS

FOUNDATION WALL REPAIRS/WATERPROOFING MASONRY/CONCRETE WORK

LAWN SPRINKLERS FIRE SPRINKLERS OTHER

REMARKS

* Residential only, State License required for Commercial.

BUILDING PERMITS ARE REQUIRED FOR MOST OF THE WORK TYPES LISTED HEREIN. IF YOU HAVE QUESTIONS REGARDING BUILDING CODES, PERMITS, ZONING CODES OR ANY OTHER RELATED SUBJECT, PLEASE CALL. PHONE (419) 592-4010 FAX (419) 599-8393

THIS LICENSE IS VALID FOR ONE CALENDER YEAR AND EXPIRES ON 12-31-2002

AUTHORIZED BY: ----- *Debra M. ...*
BUILDING COMMISSIONER

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
02/06/03

PRODUCER
Saul Insurance Agency
1442 N Scott Street
PO Box 148
Napoleon OH 43545

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Neal Thomas
dba Thomas Real Estate Maintenance
12563 County Road P
Napoleon OH 43545

INSURERS AFFORDING COVERAGE

INSURER A: Grange Mutual Casualty Company
INSURER B: _____
INSURER C: _____
INSURER D: _____
INSURER E: _____

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC:	CT 2018752	09/15/02	09/15/03	EACH OCCURRENCE \$ 500,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMM/OP AGG \$ 500,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ca accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ _____ OTHER THAN AUTO ONLY - EA ACC AGG \$ _____
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ _____ RETENTION \$ _____				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER
City of Napoleon
attn: Brent Damman
PO Box 151
Napoleon OH 43545

ADDITIONAL INSURED: INSURER LETTER:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Mark Saul

City of Napoleon Contractor Registration Form

Name of Company THOMAS Real Estate Maintenance Date 1-31-03

Business address 12-564 Co. Rd. P NAPoleon Ohio 43545
STREET CITY STATE ZIP

Telephone Number 419-599-2427 Fax Number 419-592-7390

Commercial General Liability Insurance is required in order to qualify to perform work in the City of Napoleon. The minimum coverage shall be \$1,000,000 General Aggregate, \$500,000 Each Occurrence, \$500,000 Personal Injury. **Please have your agent forward a certificate of insurance and be sure to name Brent Damman, City of Napoleon as the holder.**

Please check the type of work you are qualified to perform based on your experience.

Residential Commercial Industrial
General Home Builder Remodeling Electrical Plumbing Sewer repair/Cleaning
Heating Air Conditioning Refrigeration Concrete/Masonry Roofing Siding
Windows Gutters Cabinet Maker Painting Sign Pole Barns Lawn Sprinkler Fire
Suppression Systems Commercial buildings Other

How many years of experience do you have doing the type of work as indicated above 20

How long has your company been in business? 18 How long has your company been under current ownership? 18

Do you have employees Y N If yes please provide a copy of your workers comp certificate.

Do you have subcontractors Y N If yes please have each subcontractor complete a contractor registration form.

If this is the first time you have done business in the City of Napoleon, please attach a list of completed jobs in the area with the name and phone number of the owner or person you worked for.

If you are planning to perform Commercial or Industrial - Mechanical, Plumbing, Electrical, Hydronic, or Fire Sprinkler System work in the City you will need to attach the appropriate State of Ohio License.

If the information on this form is found to be satisfactory a contractor license will be issued. Contractor licenses are valid for one calendar year at a cost of \$25.00.

This form will not be accepted unless it is sign by an authorized person of the firm listed above.

Neal Thomas

NEAL THOMAS Owner



Print Name & Title

L 98045

CITY OF NAPLES
FEB - 2 2013