

CITY OF NAPOLEON
DEPARTMENT OF BUILDING & ZONING
APPLICATION FOR
CERTIFICATE OF OCCUPANCY

Address 2006 Dodd St Date 5-4-82

Zoning District GB

I, Vernon W Hollis owner hereby request that a Certificate of Occupancy be issued for the above address, more particularly described as follows: Wash Bowl

Building Area 1983 Occupancy Area Customer 1739

Prop. Parking Spaces 20 Exist. Parking Spaces 30

Reason for Request

New Residence

Change in use or type of business from abandoned to coin laundry

Signed Vernon W Hollis

Date 5-4-82

Inspection Report: _____

Approved CO# 263 Not Approved

Reasons for not being approved _____

Signed Richard J Hayman

Date 5-10-82



City of NAPOLEON, OHIO

255 RIVERVIEW AVENUE - P.O. BOX 151
NAPOLEON, OHIO 43545-0151
PHONE (419) 599-1235 • FAX (419) 599-8393

November 11, 1998

Ms. Phyllis Ritter
Century 21
1006 Dodd St.
Napoleon, OH 43545

RE: Backflow Device Testing

Dear Phyllis:

On June 5, 1998, this office forwarded a letter to you stating the purpose of the water use survey and recommendations from the same, a copy of which is attached.

Also stated therein was the notice that within ninety (90) days of receipt of the letter, your current backflow device (which is sufficient) must be tested in the presence of a City of Napoleon Water Dept. employee. As of this writing, the testing has yet to be completed. Please contact this office at 599-1891, **within thirty (30) days of receipt of this letter**, to schedule a time for testing.

Again, please note, if termination of the water supply for a period of one-half (1/2) hour for the purpose of testing will cause a serious hardship, a manifold setting of backflow preventers is strongly recommended.

Your prompt attention to this matter is appreciated.

Sincerely,

Charlie Heinze,
Water Distr. Foreman

CH/tw

enc.

cc: Jeffrey Marihugh, Operations Supt.
Brent Damman, Bldg./Zoning Inspector

City of Napoleon

BACKFLOW PREVENTION ASSEMBLY TEST RESULTS

Property Address: 1006 Dodd St Napoleon, Ohio Zip: 43545
 Business Name: Century 21
 Contact Person: Phyllis Ritter Title: office manager
 Phone Number: 592-7653 Date of Test: _____

DEVICE INFORMATION

Type (circle one) **RP** **DCA** **VB** **RPDA** **DCDA**
 Manf/Model: Watts Size: 3/4 Serial No.: 007M2QT
 Location of Device: Under counter Top in kitchen Y116029

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 type="checkbox"/> Failed <input type="checkbox"/>	DC <u>8</u> psi	DC <u>8</u> psi	Opened at _____ psi	Opened at _____ psi	Held at _____ psi
Test Results	Apparent RP <u>8</u> psi Actual RP <u>8</u> psi		Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Date: <u>11-24-98</u>	Pass <input 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: Ronald L. Fisher Certification No. 2884
 Owner/Representative Signature: Phyllis Ritter