

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: 855                      DATE ISSUED: 10-25-01                      ISSUED BY: SKE

JOB LOCATION: 387 FREEDOM DRIVE                      EST. COST:

LOT #:                                              SUBDIVISION NAME:

OWNER: BABCOCK PLBG & HTG  
ADDRESS: 387 FREEDOM DR  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-592-5941

AGENT: <sup>SELF</sup>  
~~ORR~~  
ADDRESS:  
CSZ:  
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:

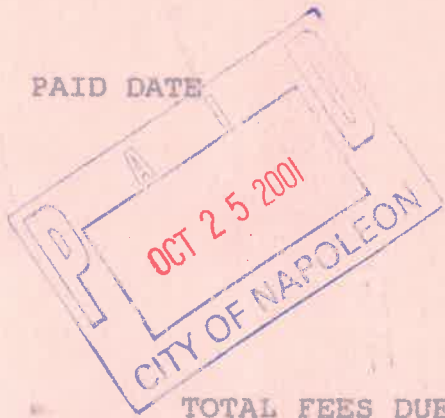
WORK TYPE - NEW:                      REPLMNT:                      ADD'N:                      ALTER:                      REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION  
NEW WATER SERV

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
WATER TAP PERMIT		680.00



TOTAL FEES DUE                      680.00

DATE

APPLICANT SIGNATURE

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 855

DATE ISSUED: 10-25-2001

JOB LOCATION: 387 FREEDOM DRIVE

OWNER: BABCOCK PLBG & HTG

OWNER PHONE: 419-592-5941

CONTRACTOR: SELF

CONTRACTOR PHONE:

WORK DESCRIPTION: NEW WATER SERV

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: \_\_\_\_\_

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 #: 855

ISSUED: 10-25-2001

JOB LOCATION: 387 FREEDOM DRIVE

OWNER: BABCOCK PLBG & HTG

PHONE: 419-592-5941

ADDRESS: 387 FREEDOM DR NAPOLEON, OH 43545

-----  
CONTRACTOR: SELF

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 Double check valve assm.

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