

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: 98016 DATE ISSUED: 01-22-98 ISSUED BY: BND
JOB LOCATION: 216 E FRONT ST EST. COST: 500.00

LOT #: SUBDIVISION NAME:
OWNER: WALTERS, JACK AGENT: C F PLUMBING
ADDRESS: 222 E FRONT ST ADDRESS: 403 E WASHINGTON ST
CSZ: NAPOLEON, OH 43545 CSZ: NAPOLEON, OH 43545
PHONE: 419-592-2896 PHONE: 419-592-0306

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 RELOCATE (SPLIT)

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
PLUMBING PERMIT		9.00

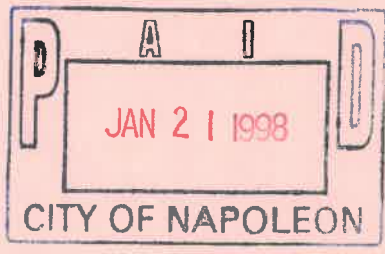
TOTAL FEES DUE 9.00

1-22-98

DATE

Ronald C. Bullock

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 #: 98016

ISSUED: 01-22-98

JOB LOCATION: 216 E FRONT ST

OWNER: WALTERS, JACK

PHONE: 419-592-2896

ADDRESS: 222 E FRONT ST NAPOLEON, OH 43545

CONTRACTOR: C F PLUMBING

ADDRESS: 403 E WASHINGTON ST NAPOLEON, OH 43545

PHONE: 419-592-0306

WATER TAP SIZE 1" _____ 1.5" _____ 2" _____ OTHER 3/4"

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

NEW STRUCTURE _____ EXISTING STRUCTURE X 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

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 98016

DATE ISSUED: 01-22-98

JOB LOCATION: 216 E FRONT ST

OWNER: WALTERS, JACK

OWNER PHONE: 419-592-2896

CONTRACTOR: C F PLUMBING

CONTRACTOR PHONE: 419-592-0306

WORK DESCRIPTION: WATER METER RELOCATE (SPLIT)

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: _____

2/6 E. Front

