

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: 97254

DATE ISSUED: 07-14-97

ISSUED BY: BND

JOB LOCATION: 907 HUDDLE RD

EST. COST: 300.00

LOT #:

SUBDIVISION NAME: OUTSIDE CITY

OWNER: WARD, DAVE
ADDRESS: 907 HUDDLE RD
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-3221

AGENT: CORDES, MORT
ADDRESS: 16399 CO RD P-1
CSZ: NAPOLEON, OH 43545
PHONE: 419-758-3855

USE TYPE - RESIDENTIAL: X

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: X REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

DE - LGTH: WIDTH: STORIES: LIVING AREA SF:
PAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION
WALL HYD METER

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
PLUMBING PERMIT		0.00

TOTAL FEES DUE 0.00

July 14 1997
DATE

M. J. Cordes
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 #: 97254

ISSUED: 07-14-97

JOB LOCATION: 907 HUDDLE RD

OWNER: WARD, DAVE

PHONE: 419-592-3221

ADDRESS: 907 HUDDLE RD NAPOLEON, OH 43545

CONTRACTOR: CORDES, MORT

ADDRESS: 16399 CO RD P-1 NAPOLEON, OH 43545

PHONE: 419-758-3855

WATER TAP SIZE 1" X 1.5" _____ 2" _____ OTHER _____

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

NEW STRUCTURE _____ EXISTING STRUCTURE X LAWN METER X

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 wall hyd. vacuum
breakers.

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 #: 97254

DATE ISSUED: 07-14-97

JOB LOCATION: 907 HUDDLE RD

OWNER: WARD, DAVE

OWNER PHONE: 419-592-3221

CONTRACTOR: CORDES, MORT

CONTRACTOR PHONE: 419-758-3855

WORK DESCRIPTION: WALL HYD METER

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: _____

