

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: 802                      DATE ISSUED: 09-20-01                      ISSUED BY: SKE

JOB LOCATION: 242 NORTHCREST DR                      EST. COST:

LOT #:    SUBDIVISION NAME:

OWNER: NORTHCREST NURSING HOME  
ADDRESS: 242 NORTHCREST DR  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-599-4070

AGENT: BOB CORDES PLUMBING  
ADDRESS: 17-706 CO RD Q-1  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-758-3162

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 - LETH:                      WIDTH:                      STORIES:                      LIVING AREA SP:  
GARAGE AREA SF:                      HEIGHT:                      BLDG VOL DEMO PERMIT:

WORK DESCRIPTION

NEW TAP  
MODULAR UNIT

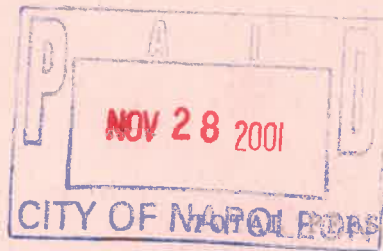
FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

WATER TAP PERMIT

650.00



CITY OF NAPOLEON DUES DUE 650.00

DATE

APPLICANT SIGNATURE

CITY OF NAPOLEON WATER TAPPING PERMIT FORM

PERMIT #: 802

ISSUED: 09-20-2001

JOB LOCATION: 242 NORTHCREST DR

SUBDIVISION NAME: N/A LOT #: \_\_\_\_\_

OWNER: NORTHCREST NURSING HOME

ADDRESS: 242 NORTHCREST DR NAPOLEON, OH 43545

CONTRACTOR: BOB CORDES PLUMBING PHONE: 419-758-3162

TAP SIZE: 1" X 1.5" \_\_\_\_\_ 2" \_\_\_\_\_ OTHER \_\_\_\_\_

AMOUNT PAID: \$ 650.00 YOKE SIZE: 5/8"

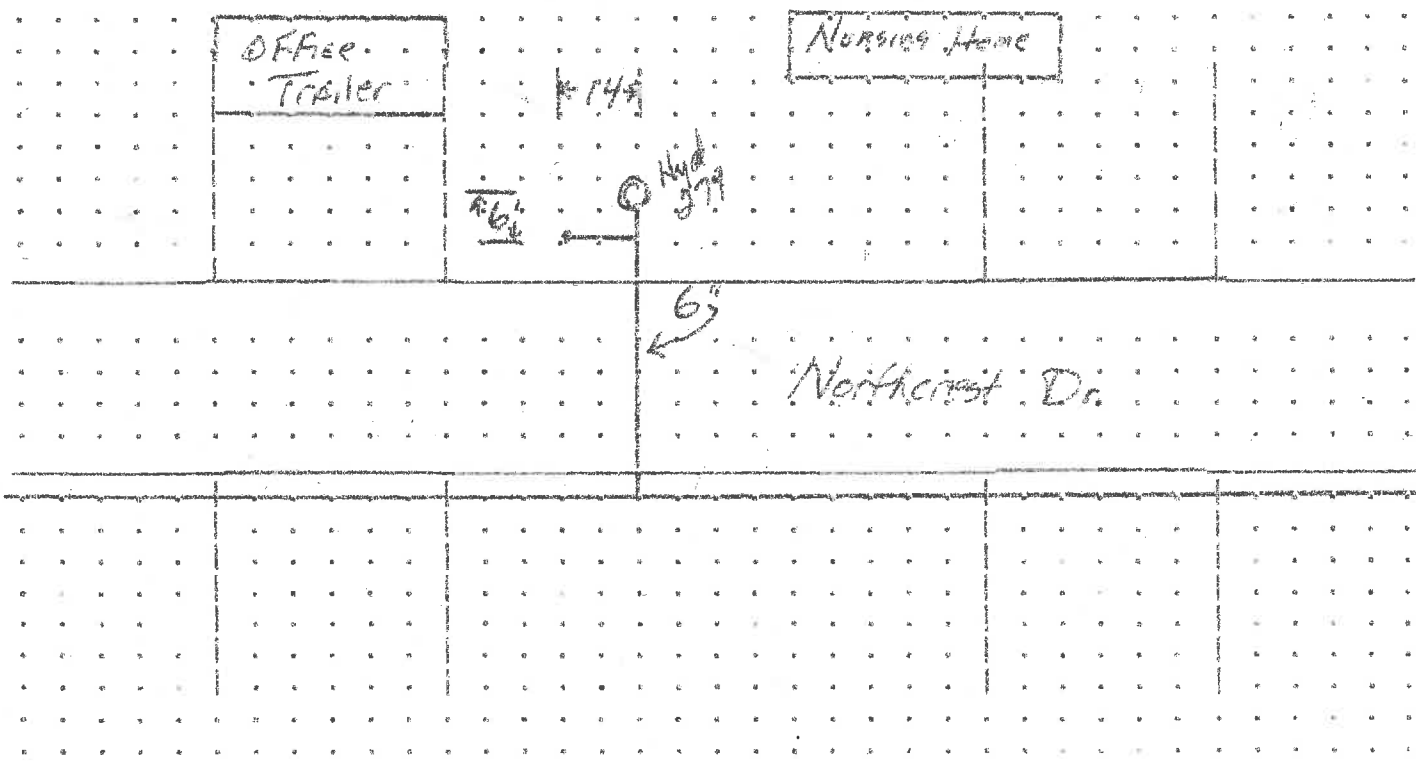
PLUMBING CONTRACTOR: Bob Cordes PH: \_\_\_\_\_

DATE OF TAP: 10-1-01 OLD TAP #: \_\_\_\_\_ NEW TAP #: 0179

SIZE AND KIND OF MAIN: 6" CIP

LOCATION OF MAIN: tapped 6" Fire line - Nursing Home DEPTH OF MAIN: 4'

DIST FROM HYDRANT ~~VALVE~~: 6' S of Hyd 279 DIST TO CURB STOP FROM CORP: 14'



DATE APPROVED: Oct 11, 01

BY: [Signature]

CITY OF NAPOLEON WATER TAPPING PERMIT FORM

PERMIT #: 802

ISSUED: 09-20-2001

JOB LOCATION: 242 NORTHCREST DR

SUBDIVISION NAME: N/A LOT #: \_\_\_\_\_

OWNER: NORTHCREST NURSING HOME

ADDRESS: 242 NORTHCREST DR NAPOLEON, OH 43545

CONTRACTOR: BOB CORDES PLUMBING PHONE: 419-758-3162

TAP SIZE: 1" X 1.5" \_\_\_\_\_ 2" \_\_\_\_\_ OTHER \_\_\_\_\_

AMOUNT PAID: \$ 650.00 YOKE SIZE: 5/8"

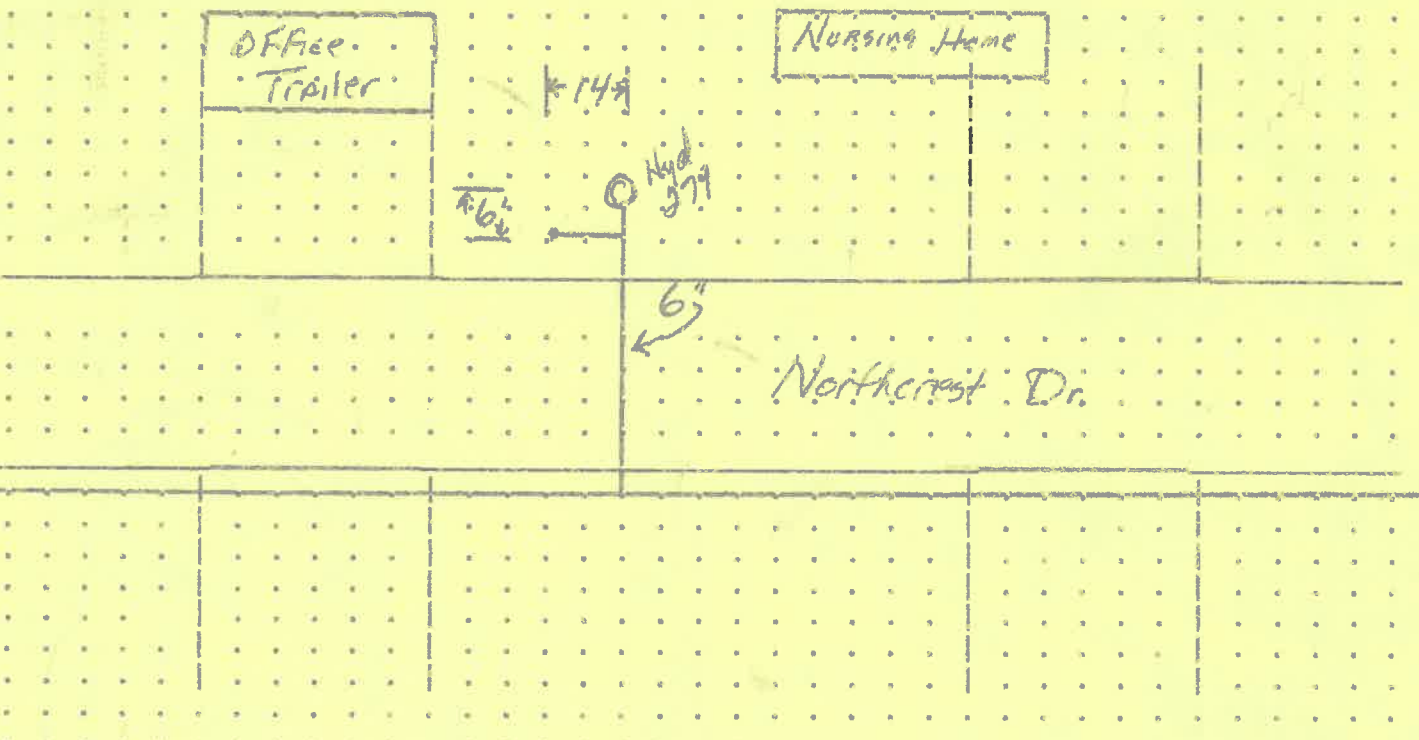
PLUMBING CONTRACTOR: Bob Cordes PH: \_\_\_\_\_

DATE OF TAP: 10-1-01 OLD TAP #: \_\_\_\_\_ NEW TAP #: 0179

SIZE AND KIND OF MAIN: 6" CIP

LOCATION OF MAIN: tapped 6" Fire line - Nursing Home DEPTH OF MAIN: 4'

DIST FROM HYDRANT ~~TO TAP~~: 6' S of Hyd <sup>279</sup> DIST TO CURB STOP FROM CORP: 14'



DATE APPROVED: Oct 11, 01

BY: Jeffrey E. Maitland

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 #: 802

ISSUED: 09-20-2001

JOB LOCATION: 242 NORTHCREST DR

OWNER: NORTHCREST NURSING HOME

PHONE: 419-599-4070

ADDRESS: 242 NORTHCREST DR NAPOLEON, OH 43545

-----  
CONTRACTOR: BOB CORDES PLUMBING

ADDRESS: 17-706 CO RD Q-1 NAPOLEON, OH 43545

PHONE: 419-758-3162

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  
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, OHIO

255 WEST RIVERVIEW AVENUE, P.O. BOX 151  
NAPOLEON, OHIO 43545-0151  
(419) 592-4010  
FAX (419) 599-8393

## Fax Transmission

Mayor  
J. Andrew Small

To: Denny Tonjes

Members of Council  
Michael J. DeWit, President  
Terri A. Williams  
James Hershberger  
Travis B. Sheaffer  
John A. Helberg  
Jean A. Steele  
Glenn A. Miller

Company Name: Northeast Nursing Home

Fax Number: 592-4143

Number of Pages (Including Cover Page): 2

From: Brent N. Damman

Date: 9/20/01 Time: 2:55 pm

City Manager  
Dr. Jon A. Bisher

Operator: Sandy Eberle

Finance Director  
Gregory J. Heath

Comments:  
Water Tap Permit to follow.

Law Director  
David M. Grahn

City Engineer  
Joseph R. Kleiner, P.E.

Please call (419) 592-4010 if you have any trouble receiving this Transmission or you did not receive the number of pages shown above.

242 Northcrest Dr.

# City of NAPOLEON, OHIO

255 WEST RIVERVIEW AVENUE, P.O. BOX 151  
NAPOLEON, OHIO 43545-0151  
(419) 592-4010  
FAX (419) 599-8393



## Fax Transmission

Mayor  
J. Andrew Small

To: Carolyn

Members of Council  
Michael J. DeWit, President  
Terri A. Williams  
James Hershberger  
Travis B. Sheaffer  
John A. Helberg  
Jean A. Steele  
Glenn A. Miller

Company Name: Northcrest Nursing Home

Fax Number: 592-4143

Number of Pages (Including Cover Page): 2

From: Brent N. Damman

Date: 11/12/01 Time: 1:56 pm

City Manager  
Dr. Jon A. Bisher

Operator: Sandy Eberle

Finance Director  
Gregory J. Heath

Comments:  
Per our telephone conversation today, copy of  
the outstanding permit to follow. Please advise  
or send us the payment.

Law Director  
David M. Grahn

City Engineer  
Joseph R. Kleiner, P.E.

Thank you!

*Please call (419) 592-4010 if you have any trouble receiving this Transmission or you did not receive the number of pages shown above.*

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BOARD OF ZONING APPEALS:

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GARAGE AREA SF:	HEIGHT:	BLDG VOL DEMO PERMIT:	

WORK DESCRIPTION

NEW TAP  
MODULAR UNIT

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
WATER TAP PERMIT		650.00

TOTAL FEES DUE              650.00

DATE

APPLICANT SIGNATURE





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PAID DATE

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WATER TAP PERMIT

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