

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: 97027 DATE ISSUED: 02-03-97 ISSUED BY: BND

JOB LOCATION: 619 N PERRY ST EST. COST:

LOT #: SUBDIVISION NAME:

OWNER: RICKER, MELVIN AGENT: SELF
ADDRESS: 12-900 CO. RD. E ADDRESS:
CSZ: WAUSEON, OH 43567 CSZ:
PHONE: 419-337-7386 PHONE:

USE TYPE - RESIDENTIAL: OTHER: X

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: X REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION

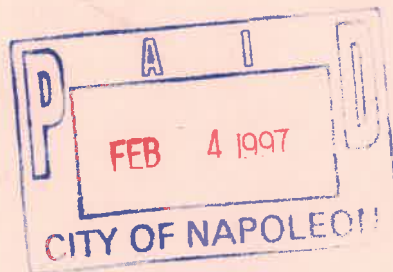
REPAIRS TO ROOF & REAR BRICK WALL COMPLETE, NUISANCE IS
ELIMINATED AS OF 01/31/97

| FEE DESCRIPTION | PAID DATE | FEE AMOUNT DUE |
|-----------------|-----------|----------------|
| ZONING PERMIT | | 25.00 |

TOTAL FEES DUE 25.00

DATE

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 #: 97027

ISSUED: 02-03-97

JOB LOCATION: 619 N PERRY ST

OWNER: RICKER, MELVIN

PHONE: 419-337-7386

ADDRESS: 12-900 CO. RD. E WAUSEON, OH 43567

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 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