

PERMIT

City of Napoleon
255 W. Riverview
Napoleon, OH 43545

Division of Building and Zoning
PH (419) 592-4010
FAX (419) 599-8393

Permit No: 002112

Date Issued: 04-16-04

Issued by: BND

Job Location: 809 S PERRY ST

Est. Cost: 600.00

Lot #:

Subdivision Name:

Owner: LIKE, ARTHUR
Address: 809 S PERRY ST
CSZ: NAPOLEON, OH 43545
Phone:

Agent: C F PLUMBING
Address: 403 E WASHINGTON ST
CSZ: NAPOLEON, OH 43545
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:

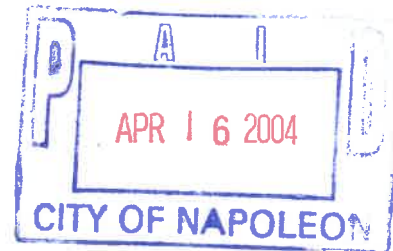
Work Type – New:	Replmnt:	Add'n:	Alter:	Remodel:
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WORK INFORMATION

Size - Lgth:	Width:	Stories:	Living Area SF:
Garage Area SF:	Height:	Bldg Vol Demo Permit:	

WORK DESCRIPTION
WATER UPGRADE

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
PLUMBING PERMIT		9.00



Total Fees Due 9.00

4-16-04
Date

Ben Balwick
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 #002112

Date Issued: 04-16-2004

Job Location: 809 S PERRY ST

Owner: LIKE, ARTHUR

Address: 809 S PERRY ST NAPOLEON, OH 43545

Owner Phone: _____

Contractor: C F PLUMBING

Address: 403 E WASHINGTON ST NAPOLEON, OH 43545

Phone: 419-592-0306

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 _____

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 Required: DCVA

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 GENERAL PERMIT APPLICATION
THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL,
PLUMBING, MECHANICAL, DEMILITIONS, REMODELING

Date 4-14-04 Job Location 809 S Perry
Owner Arthur Lika Phone 592-1304
Owner Address 809 S Perry City Nap Zip 43545
Contractor C.F. Plumbing + HTg Phone 592-0304
Description of work to be performed Water Upgrade

Estimated cost of work to be performed 600.

Please indicate the type of work you will be performing by

- | | |
|---|--|
| <input type="checkbox"/> A/C Add On | <input type="checkbox"/> Remodeling |
| <input type="checkbox"/> Boiler Replacement | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Curbing | <input type="checkbox"/> Sewer Repairs |
| <input type="checkbox"/> Decks | <input type="checkbox"/> Sidewalk |
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Siding |
| <input type="checkbox"/> Electrical Service Upgrade | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Electrical Service New | <input type="checkbox"/> Storage Shed |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Street Bond |
| <input type="checkbox"/> Foundation | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Furnace Replacement | <input type="checkbox"/> Temp Electric |
| <input type="checkbox"/> Furnace New | <input type="checkbox"/> Water Tap |
| <input type="checkbox"/> Lawn Meter | <input type="checkbox"/> Windows |
| <input checked="" type="checkbox"/> Plumbing | <input type="checkbox"/> Zoning |
| <input type="checkbox"/> Others | |

_____ Permit Number

City of Napoleon Inspection Form

Permit #002112

Date Issued: 04-16-2004

Job Location: 809 S PERRY ST

Owner: LIKE, ARTHUR

Owner Phone:

Contractor: C F PLUMBING

Contractor Phone: 419-592-0306

Work Description: WATER UPGRADE

Plumbing: UNDGR _____ RGHIN _____ FINAL 4-20-04
 SEWER INSP _____

Mechanical: UNDGR _____ RGHIN _____ FINAL _____
 FURNACE REPLAC _____ AIR COND _____

Electrical: UNDGR _____ RGHIN _____ FINAL _____
 SEVR UPGR _____

Building: Site _____ FTG _____ FNDDT _____
 STRU _____ ROOF _____ EXT _____
 VENT _____ ACCES _____ EGRS _____
 SMKDT _____ FINAL _____
 ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STGE Shed: SITE _____ FINAL _____

Sign: FTG _____ FINAL _____

Fence: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTORS INITIALS: _____