

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: 1216 DATE ISSUED: 07-10-02 ISSUED BY: BND

JOB LOCATION: 310 E RIVERVIEW AVE EST. COST:

LOT #: SUBDIVISION NAME:

OWNER: KELLER PLASTERING, LTD AGENT: SELF
ADDRESS: 6028 CO RD T ADDRESS:
CSZ: LIBERTY CENTER, OH 43532 CSZ:
PHONE: 419-533-7669 PHONE:

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

WORK INFORMATION

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

WORK DESCRIPTION
NEW WATER SERVICE

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
WATER TAP PERMIT		680.00

TOTAL FEES DUE 680.00

7-10-02

DATE

Mike Keller

APPLICANT SIGNATURE



Will Back @ 12:00
7-10-02

CITY OF NAPOLEON OHIO PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTIAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITION, REMODELING.

DATE 7-9-02 JOB LOCATION ³¹⁰ ~~724~~ E. RiverView Ave.

LOT # _____ SUBDIVISION NAME _____

OWNER BOB KELLER ^{Keller} Plastering LTD PHONE 592-2312 439-0561 (cell)

OWNER ADDRESS _____ CITY _____ ZIP _____

CONTRACTOR ☑ _____ PHONE _____

CONTRACTOR ADDRESS _____ CITY _____ ZIP _____

CONTRACTOR FAX # _____ CELL PHONE (Opt.) _____

DESCRIPTION OF WORK TO BE PERFORMED: WATER TAP PERMIT 1" SERVICE

ESTIMATED COST OF WORK TO BE PERFORMED: _____

WORK INFORMATION

BUILDING: Basement Floor Area _____ Sq. Ft. 1st Story Living Area _____ Sq. Ft.
2nd Floor Living Area _____ Sq. Ft. Garage Floor Area _____ Sq. Ft.

BUILDING SIZE: Length _____ Width _____ Stories _____ Height _____ DEMO VOL _____

Masonry Contractor _____ Phone _____ Fax _____
Address _____ City _____ St _____ Zip _____

Electrical Contractor _____ Phone 7-9-02 Fax _____
Address _____ 4:45am _____ Zip _____

Plumbing Contractor _____ Phone _____ Fax _____
Address _____ _____ Zip _____

Heating Contractor _____ Phone _____ Fax _____
Address _____ _____ Zip _____

Insulation Contractor _____ Phone _____ Fax _____
Address _____ _____ Zip _____

Other Contractor attach informatic _____

ZONING INFORMATION (to be _____
Lot Area _____ FRSB _____
_____ ft Max Cov _____ %

NEEDS A PERMIT TO HOOK
UP WATER SERVICE TO NEW
BUSINESS. WILL BE BACK
AT NOON WITH A CHECK TO
TAKE CARE OF IT.

metta singh

I by signing below agree to comply with all applicable City
approved by the building inspector of the City of Napoleon.

stand that all work for which a permit is issued is required to be

Applicant Signature _____ Date _____

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 #: 1216

ISSUED: 07-10-2002

JOB LOCATION: 310 E RIVERVIEW AVE

OWNER: KELLER PLASTERING, LTD

PHONE: 419-533-7669

ADDRESS: 6028 CO RD T LIBERTY CENTER, OH 43532

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 RCVA

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 #: 1216

DATE ISSUED: 07-10-2002

JOB LOCATION: 310 E RIVERVIEW AVE

OWNER: KELLER PLASTERING, LTD

OWNER PHONE: 419-533-7669

CONTRACTOR: SELF

CONTRACTOR PHONE:

WORK DESCRIPTION: NEW WATER SERVICE

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: _____

CITY OF NAPOLEON WATER TAPPING PERMIT FORM

PERMIT #: 1216

ISSUED: 07-10-2002

JOB LOCATION: 310 E RIVERVIEW AVE

SUBDIVISION NAME: _____ LOT #: _____

OWNER: KELLER PLASTERING, LTD

ADDRESS: 6028 CO RD T LIBERTY CENTER, OH 43532

CONTRACTOR: SELF PHONE: _____

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

AMOUNT PAID: _____ YOKE SIZE: _____

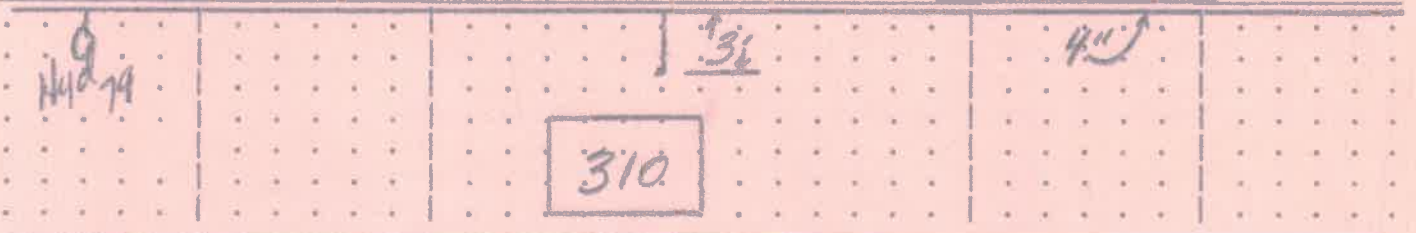
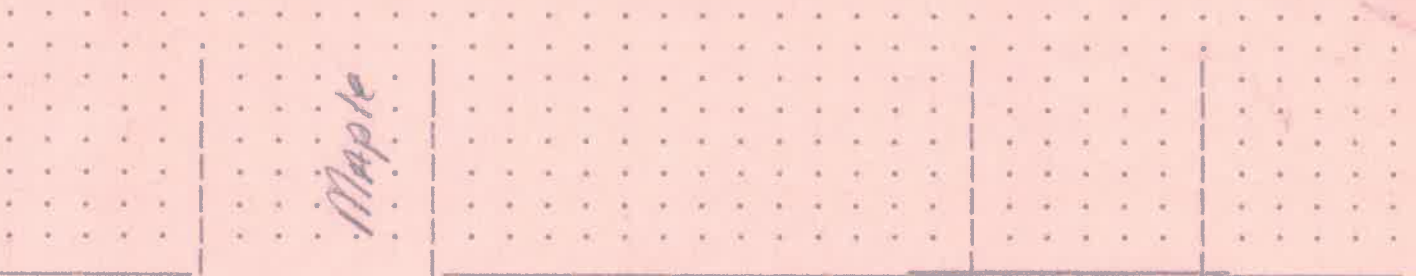
PLUMBING CONTRACTOR: _____ PH: _____

DATE OF TAP: 7-15-02 OLD TAP #: _____ NEW TAP #: 0217

SIZE AND KIND OF MAIN: 4" CIP

LOCATION OF MAIN: 1' South of South CURB DEPTH OF MAIN: 5 1/2'

DIST FROM HYDRANT ~~WAVE~~: 144' E of Hyd 79 DIST TO CURB STOP FROM CORP: 3'



DATE APPROVED: Aug 15, 02 BY: Jeffrey C. Manting