

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: 911

DATE ISSUED: 11-19-01

ISSUED BY: SKE

JOB LOCATION: 1805 SCOTT ST

EST. COST:

LOT #:

SUBDIVISION NAME:

OWNER: MCDONALD'S CORPORATION
ADDRESS: 2 EASTON OVAL SUITE 200
CSZ: COLUMBUS, OH 43219
PHONE:

AGENT: RD JONES EXCAVATING,
ADDRESS: BOX 127
CSZ: HARROD, OH 45850
PHONE: 419-648-5870

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:

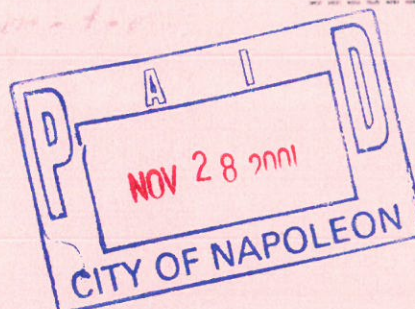
WORK DESCRIPTION
WATER & SEWER TAPS

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
SEWER PERMIT		600.00
WATER TAP PERMIT		1756.00
WATER TAP PERMIT		330.00

TOTAL FEES DUE 2686.00

DATE

APPLICANT SIGNATURE



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 911

DATE ISSUED: 11-19-2001

JOB LOCATION: 1805 SCOTT ST

OWNER: MCDONALD'S CORPORATION

OWNER PHONE: 216-328-7750

CONTRACTOR: ALLIED MECHANICAL

CONTRACTOR PHONE: 330-335-3488

WORK DESCRIPTION: WATER & SEWER TAPS

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

 SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

 FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

 SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDT _____

 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: _____

2" METER INSTALLATION COST FOR MCDONALD'S

<u>ITEM</u>	<u>COST</u>
16 X 2 " tap saddle	\$135.00
2" corp	\$92.35
2" ball curbstop	\$131.00
4 1/2" bury box	\$25.00
enlarged base	\$11.00
stainless steel rod	\$10.00
10' 2" CTS P.E. pipe @ \$1.00/foot	\$10.00
2 - 2" S.S. inserts @ \$1.50/ea	\$3.00
#12 tracing wire	\$2.00
2" water meter T-10	\$455.18
2" copperhorn	<u>\$350.00</u>
Sub-total #1	\$1,224.53
<u>LABOR</u>	
2 man crew - 2 hr @ \$50/hr	\$100.00
service truck w/driver - 2 hr @ \$40/hr	<u>\$80.00</u>
Sub-total #2	\$180.00
Sub-total #1	\$1,224.53
Sub-total #2	<u>\$180.00</u>
TOTAL	\$1,404.53
25% upcharge	<u>\$351.13</u>
GRAND TOTAL	\$1,755.66

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 #: 911

ISSUED: 11-19-2001

JOB LOCATION: 1805 SCOTT ST

OWNER: MCDONALD'S CORPORATION

PHONE:

ADDRESS: 2 EASTON OVAL SUITE 200 COLUMBUS, OH 43219

CONTRACTOR: RD JONES EXCAVATING, INC.

ADDRESS: BOX 127 HARROD, OH 45850

PHONE: 419-648-5870

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

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

NEW STRUCTURE X EXISTING STRUCTURE _____ 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 Pressure vacuum breaker

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

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

WATER METER YOKE SIZE 5/8" _____ 3/4" _____ 1" _____ OTHER 2"

NEW STRUCTURE X EXISTING STRUCTURE _____ 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 DEVICE REQUIRED RPZ

WATER METER YOKE INSTALLATION IS SUBJECT TO THE FOLLOWING CONDITIONS

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ISSUED BY _____ RECEIVED BY _____

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CITY OF NAPOLEON WATER TAPPING PERMIT FORM

PERMIT #: 911

ISSUED: 11-19-2001

JOB LOCATION: 1805 SCOTT ST

SUBDIVISION NAME: _____ LOT #: _____

OWNER: MCDONALD'S CORPORATION

ADDRESS: 2 EASTON OVAL SUITE 200 COLUMBUS, OH 43219

CONTRACTOR: RD JONES EXCAVATING, INC. PHONE: 419-648-5870

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

AMOUNT PAID: 1756.00 YOKE SIZE: 2"

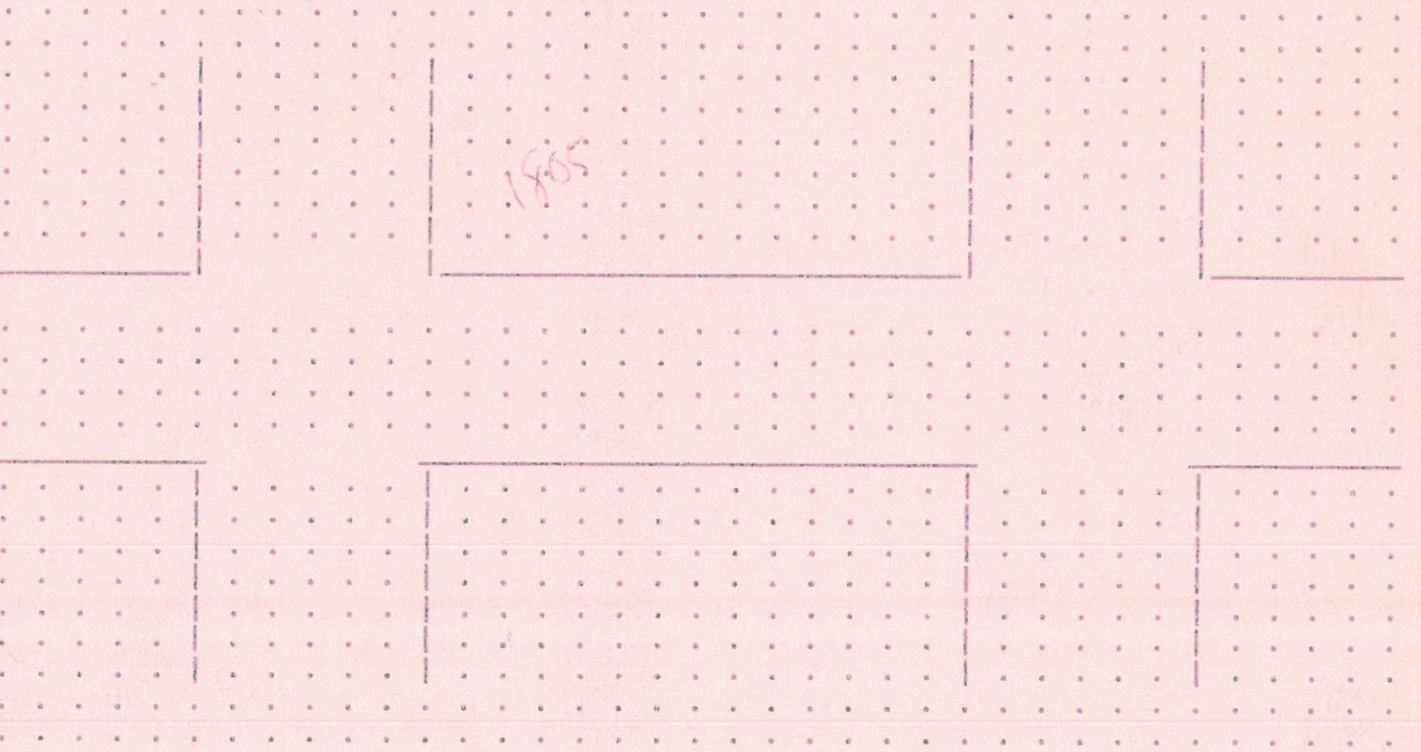
PLUMBING CONTRACTOR: _____ PH: _____

DATE OF TAP: _____ OLD TAP #: _____ NEW TAP #: _____

SIZE AND KIND OF MAIN: _____

LOCATION OF MAIN: _____ DEPTH OF MAIN: _____

DIST FROM HYDRANT\VALVE: _____ DIST TO CURB STOP FROM CORP: _____



DATE APPROVED: _____ BY: _____