



City of Napoleon Building Department

255 W. Riverview
P.O. Box 151
Napoleon, OH 43545
Phone: (419) 592-4010
Fax: (419) 599-8393
Email:

Outside Sewer

Permit Number: P-17-0275
Expiration Date: 07/19/2018

PARKER, TOM
1005 WESTCHESTER AVE

Napoleon, OH

Description:

\$0.00	Sewer Outside	0.00 Sewer Outside x \$0.0000
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Building Permit Info

Project Description:	Sanitary sewer replacement
Construction Value:	\$2,500.00



Authorizing Signature



Date

CITY OF NAPOLEON ZONING PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTIAL DEMOLITIONS, FENCES, POOLS, SHEDS,
DRIVEWAYS, SIDEWALKS & SEWERS

DATE 7-18-17 JOB LOCATION 1005 Westchester
 OWNER Tom Parker TELEPHONE # 419-966-7932
 OWNER ADDRESS _____
 CONTRACTOR Tressler Plumbing LLC CELL PHONE # 419-576-0362
 DESCRIPTION OF WORK TO BE PERFORMED Sanitary sewer replacement
 ESTIMATED COMPLETION DATE _____ ESTIMATED COST 2500.00

DESCRIPTION	FEE	TOTAL COST
Demo Permit	(100.3100.46690) \$100.00	\$
Fence	\$25.00	\$
Pool	\$25.00	\$
Garage and Shed Under 200 SF (Detached)	\$25.00	\$
Driveway	0	\$
Sidewalk/Curbing	0	\$
Sewer Outside	0	\$ 0
Subtotal:		\$
		\$
TOTAL FEE:		\$ 0

0-17-0275

I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BUILDING/ZONING DEPARTMENT.

I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of record and that I have been authorized by the Owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for Work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.

SIGNATURE OF APPLICANT: [Signature] DATE: _____

PRINT NAME: _____

BATCH # _____ CHECK # _____ DATE _____

COMPLETED BY:
TRESSLER PLUMBING
7/26/17

INSPECTED BY:
REX MOLL / DOMINIC MILLER

INSTALLED?
7/26/17

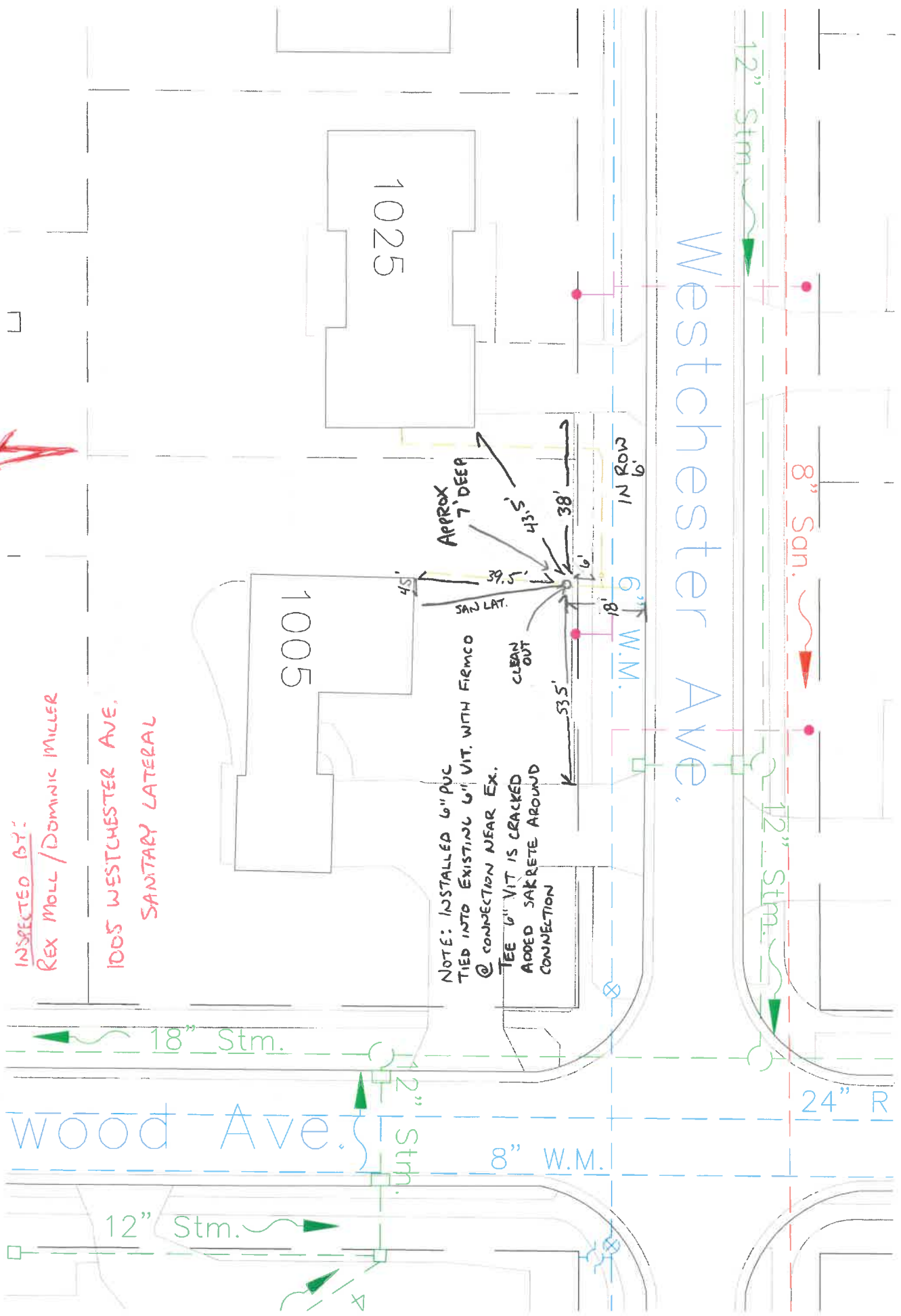
NORTH
NTS

1005 WESTCHESTER AVE.
SANITARY LATERAL

1005

1025

Westchester Ave.



NOTE: INSTALLED 6" PVC
TIED INTO EXISTING 6" VIT. WITH FIRMCO
@ CONNECTION NEAR EX.
TEE 6" VIT IS CRACKED
ADDED SAKRETE AROUND
CONNECTION

CLEAN OUT

APPROX 7' DEEP

45'

38'

43.5'

53.5'

6' R.O.W.

6" W.M.

18'

18" Stm.

12" Stm.

Wood Ave.

12" Stm.

8" W.M.

24" R

12" Stm.

8" San.

12" Stm.