

Issued by

The City of Napoleon Engineering Dept.

255 West Riverview Ave. Napoleon, Ohio 43545 Pn. 592-4010

Entry No. _____

Permit No. _____ Issued 11-13-91 Build. Permit No. _____

Permit Fee \$ 4

Job Location 890 Westmont

Street Bond \$ _____

Lot _____

Date Paid _____

Issued By BND sub div. or legal disc.

Owner Lynn Flowers Pn. _____

Address 890 Westmont

Agent Jerry Glanz Pn. _____

for office use on

Address _____

WORK INFORMATION

Sanitary Sewer Tap _____ Size of Tap 4" Size and Type of Sewer call new line to tap Street to be Op
yes no

Storm Sewer Tap _____ Size of Tap _____ Size and Type of Sewer _____ Street to be Op
yes no

Street opening Agreement Approval Date _____ Opening Bond Fee (Set by Engineer) _____

READ AND SIGN BELOW; The undersigned hereby agrees complete the work described above and to make use of said sewers by and in strict accordance with all applicable provisions of The Napoleon Engineering Dept. Rules and Regulations, Standard Specification for Water Main, Sanitary Sewer and Storm Sewer Construction and other Pertinent Sections of Code of Ordinances.

Date 11-13-91 Signature of Applicant Jerry Glanz

Permit not valid without signature

INSPECTION RECORD _____ to be completed by the

Date Inspection is made _____ Size and Type of Sewer _____

Location _____ Depth _____ Type of Test _____ Additional Information _____

Date _____ Inspected By _____

signature of inspector

Sketch Of Installation on Back or Attached

PAI
NOV 25 1991
CITY OF NAPOLEON

1 A 9
12 INCH
12 INCH 10 1/2

GENERAL INSPECTION REPORT

BND

Date

12-2-91

INSPECTOR

Location

890 Westmont

Responsible Parties ---

1. Owner

Lynn Flowers

Telephone

Address

2. Tenant

Telephone

Address

3. Contractor

Jerry Glanz

Telephone

Address

4. Contact

Telephone

Address

TYPE OF INSPECTION

Permit

Sewer Replacement

Complaint

Pick-up

ZONING STATUS

Map

District

Conforming
Use

Non-Conforming
Use

BUILDING CODE STATUS

Before

After

Code

Code

Type

Class

Stories

Fire

Limits

Legal Use or Occupancy

Actual Use or Occupancy

Notify No.

Compliance Date

Notice No.

Checked by

SUPERVISOR

Violations of

I have made an inspection at the premises described above and hereby submit my report and recommendations.

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