

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: 320

DATE ISSUED: 09-18-00

ISSUED BY: MBS

JOB LOCATION: 1318-3 WOODLAWN AVE

EST. COST: 600.00

LOT #:

SUBDIVISION NAME:

OWNER: POSNER, JERRY  
ADDRESS: 17637 ST RT 2  
CSZ: WAUSEON, OH 43567  
PHONE: 419-335-3522

AGENT: ALM HTG & REF  
ADDRESS: 2191 CO RD 13  
CSZ: WAUSEON, OH 43567  
PHONE: 419-335-7503

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:

WORK INFORMATION

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

WORK DESCRIPTION  
SEPERATE WATER

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
PLUMBING PERMIT		9.00

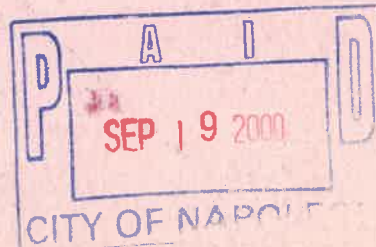
TOTAL FEES DUE 9.00

9/19/00

DATE

*[Handwritten Signature]*

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 #: 320

ISSUED: 09-18-2000

JOB LOCATION: 1318-3 WOODLAWN AVE

OWNER: POSNER, JERRY

PHONE: 419-335-3522

ADDRESS: 17637 ST RT 2 WAUSEON, OH 43567

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CONTRACTOR: ALM HTG & REF

ADDRESS: 2191 CO RD 13 WAUSEON, OH 43567

PHONE: 419-335-7503

WATER TAP SIZE 1" \_\_\_\_\_ 1.5" \_\_\_\_\_ 2" \_\_\_\_\_ OTHER X

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 DEVICE 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