

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: 715 DATE ISSUED: 07-26-01 ISSUED BY: BND

JOB LOCATION: 1367 LYNNE AVE EST. COST:

LOT #: SUBDIVISION NAME:

OWNER: WIECHERS, RON
ADDRESS: Q774 CO RD 15
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-8422

AGENT: OAKRIDGE BLDRS
ADDRESS: Q774 CO RD 15A
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-8422

USE TYPE - RESIDENTIAL: OTHER:

ZONING INFORMATION

DIST: R-3 LOT DIM: AREA: FYRD: 25 SYRD: 7 RYRD: 15
MAX HT: 45 # PKG SPACES: 2 # LOADING SP: MAX LOT COV: 45

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 CONDO

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
WATER TAP PERMIT		184.00
SEWER PERMIT		105.00

TOTAL FEES DUE 289.00

7-30-01
DATE


APPLICANT SIGNATURE



APPLICATION FOR

Residential, Building, Electrical, Plumbing, Mechanical, and Demolition Permit
FROM - The City of Napoleon, Ohio, Building Department
 255 West Riverview Avenue; P.O. Box 151; Napoleon, Ohio 43545 - Telephone (419) 592-4010

ENTRY NO. _____
 PERMIT NO. _____ ISSUED _____
 JOB LOCATION 1367 Lynne Ave
 LOT _____
 (Subdivision or Legal Description)

ISSUED BY _____
 (Building Official)

OWNER Ron Wickers PHONE 599-8422

ADDRESS 074 Co. Rd 15 Nap

AGENT 49 PHONE _____

ADDRESS _____

USE: Residential () Commercial () Industrial
 () Other _____

WORK: New () Addition () Replacement () Remodel

ESTIMATED COST = \$ N/A

	<u>Base</u>	<u>Plus</u>	<u>Total</u>
() Building	\$ _____	\$ _____	\$ _____
() Electrical	\$ _____	\$ _____	\$ _____
() Plumbing	\$ _____	\$ _____	\$ _____
() Mechanical	\$ _____	\$ _____	\$ _____
() Demolition	\$ _____	\$ _____	\$ _____
() Zoning	\$ _____	\$ _____	\$ _____
() Sign	\$ _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> Water Tap	\$ _____	\$ _____	\$ <u>184.00</u>
<input checked="" type="checkbox"/> Sewer Tap	\$ _____	\$ _____	\$ <u>105.00</u>
() Temp Water	\$ _____	\$ _____	\$ _____
() Temp Elec.	\$ _____	\$ _____	\$ _____

Additional Plan Review: Structure _____ Hours _____
 Electric _____ Hours _____

TOTAL FEES \$ _____
 Less Fees Paid \$ _____
 BALANCE DUE \$ _____

ZONING INFORMATION

District	Lot Dimensions	Area	Front Yard	Side Yard	Rear Yard
<u>R-3</u>	<u>N/A</u>	<u>N/A</u>	<u>25</u>	<u>7</u>	<u>15</u>

Max Height	No. Pkg. Spaces	No. Lq. Spaces	Max Cover	Petition or Appeal Required-Date
<u>45'</u>	<u>2</u>		<u>45%</u>	

WORK INFORMATION

Building: Ground Floor Area _____ sq. ft. Basement Floor Area _____ sq. ft.
 Garage Floor Area _____ sq. ft. 2nd Floor Area N/A sq. ft. Other _____ sq. ft.
 Size: Length _____ Width _____ Stories _____ Height _____
 Building Volume (for Demolition Permit) _____ cubic feet

Description of Work: New condo

CITY OF NAPOLEON

ELECTRIC METER BASE RELEASE FORM

THIS DOCUMENT ENTITLES THE HOLDER TO "ONE" ELECTRIC METER BASE
(Please pickup at the City operations garage 1775 Industrial Drive).

PERMIT #: 715

ISSUED: 07-26-2001

JOB LOCATION: 1367 LYNNE AVE

WORK DESCRIPTION: NEW CONDO

OWNER: WIECHERS, RON

ADDRESS: Q774 CO RD 15 NAPOLEON, OH 43545

OWNER PHONE: 419-599-8422

CONTRACTOR: OAKRIDGE BLDRS

ADDRESS: Q774 CO RD 15A NAPOLEON, OH 43545

CONTRACTOR PHONE: 419-599-8422

ELECTRIC SERVICE UPGRADE _____ NEW SERVICE INSTALLATION X

INDUSTRIAL _____ COMMERCIAL _____ RESIDENTIAL X 1PHASE Y 3PHASE _____

SIZE OF SERVICE 100AMP _____ 150AMP _____ 200AMP X 400AMP _____ OTHER _____

HUB SIZE - 1 1/4" _____ 1 1/2" _____ 2" _____

DESIRED VOLTAGE 120/240 X OTHER _____

UNDERGROUND SERVICE X OVERHEAD SERVICE _____

=====

DATE COMPLETED: _____ APPROVED BY: _____

OLD METER NUMBER: _____ NEW METER NUMBER: _____

COMMENTS:

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 #: 715

ISSUED: 07-26-2001

JOB LOCATION: 1367 LYNNE AVE

OWNER: WIECHERS, RON

PHONE: 419-599-8422

ADDRESS: Q774 CO RD 15 NAPOLEON, OH 43545

CONTRACTOR: OAKRIDGE BLDRS

ADDRESS: Q774 CO RD 15A NAPOLEON, OH 43545

PHONE: 419-599-8422

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 Double Check Valve assm.

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 #: 715

DATE ISSUED: 07-26-2001

JOB LOCATION: 1367 LYNNE AVE

OWNER: WIECHERS, RON

OWNER PHONE: 419-599-8422

CONTRACTOR: OAKRIDGE BLDRS

CONTRACTOR PHONE: 419-599-8422

WORK DESCRIPTION: NEW CONDO

KIM MADORE

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: sidewalks - 10-401 Amy Lynn Ave.

NOTES: SINCE THIS IS A QUAD - IT FALLS UNDER COMMERCIAL INSPECTORS - WOOD COUNTY PROVIDED THESE SERVICES.

INSPECTOR INITIALS: _____

CONTRACT FOR UTILITY SERVICES - CITY OF NAPOLEON, OHIO

SERVICE ADDRESS: <u>1367</u> <u>Lynne Ave</u> STREET NUMBER STREET NAME	ACCOUNT NUMBER: <u>35-12220.2</u>
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SERVICE CLASS: RESIDENTIAL COMMERCIAL INDUSTRIAL OTHER _____ START DATE 1/1/

SERVICES TO BE PROVIDED: (CHECK ALL THAT APPLY)
 ELECTRIC WATER SEWER REFUSE OUTDOOR LIGHTS OTHER _____

ARE YOU THE PROPERTY OWNER: YES NO IF NO, THEN COMPLETE PROPERTY OWNER INFORMATION

<input type="checkbox"/> RESIDENT <input type="checkbox"/> TENANT	PROPERTY OWNER
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NAME: (LAST, FIRST, MIDDLE INITIAL) <u>X PRICE, JANE R</u>	NAME: (LAST, FIRST, MIDDLE INITIAL)
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ADDRESS: (IF DIFFERENT FROM SERVICE ADDRESS)	ADDRESS:
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CITY, STATE, ZIP:	CITY, STATE, ZIP:
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HOME PHONE:	DRIVER'S LICENSE #:	HOME PHONE:	WORK PHONE:
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<u>X 419-592-0707</u>	<u>X 001370712</u>	HOME PHONE:	WORK PHONE:
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TID OR SOCIAL SECURITY NO. (OPTIONAL) <u>X 280-34-7249</u>	BIRTHDATE: <u>X 7-02-38</u>	TID OR SOCIAL SECURITY NO. (OPTIONAL)	BIRTHDATE:
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*SOCIAL SECURITY # IS OPTIONAL PROVIDING THE SAME WILL ALLOW ACCURATE TRACKING OF YOUR ACCOUNT AND WILL BE USED FOR BILLING AND COLLECTION PURPOSES. HAVE YOU OR ANY MEMBER OF YOUR CURRENT HOUSEHOLD HAD CITY OF NAPOLEON UTILITIES IN YOUR NAME? IF YES, LIST PREVIOUS NAMES AND SERVICE ADDRESS:

NAME(s) _____ ADDRESS _____

NEXT OF KIN OR EMERGENCY CONTACT: X KAREN HALL TELEPHONE: X 419-636-8089 APPLICANTS PLACE OF EMPLOYMENT: RETIRED

IN CONSIDERATION OF RECEIVING CITY UTILITY SERVICES, YOU, THE SIGNER, AGREE TO THE FOLLOWING:

The undersigned, as a "Owner, Tenant, or an Authorized Agent to an Owner(s) or Tenant(s)" (herein after called "Customer") agrees to and shall follow ALL the Rules and Conditions governing the Utility service owned or operated by the City of Napoleon, Ohio (herein after called "Utility Provider") and being now or later furnished to Customer, as now adopted and/or later amended, to wit: Rules Terms and Conditions Governing Sale of Electrical Service and/or the Rules for Water and Sewer, or Refuse Services, regardless if Customer is a receiver of such service inside or outside the corporate limits; said City of Napoleon Rules Terms and Conditions Governing Sale of Electrical Service and/or the City of Napoleon Rules for Water and Sewer or Refuse Services both being incorporated into this document by reference hereto as if completely rewritten.

As applied to a specific utility, this contract shall be for the term as provided in the rules governing the applicable utility to be provided to Customer by Utility Provider at time of signing and shall automatically renew, without necessity of re-execution of contract, one day prior to expiration of this contract (unless otherwise terminated) for the term provided in the rules governing the applicable utility at time of renewal, regardless if Customer is a receiver of such services inside or outside the corporate limits. Any additional utility furnished to Customer after the execution of the contract shall be considered an approved amendment to the contract, without necessity of re-execution of contract.

Where a conflict may arise between this contract and any utility rule, the utility rule as adopted by Utility Provider shall prevail. Where a separate written contract is executed, the contract shall prevail over this document.

Customer agrees in addition to all the rules as applicable to any given utility, to the minimum rules as listed on the reverse side, understanding that such minimum rules are a summary and that Customer is still obligated to follow all rules associated with the Utility(s) being furnished.

If any part of the agreement or any rule or provision thereof is found to be contrary to law by a court of competent jurisdiction, then only that part shall be held invalid and the remaining portion of the rule, to the extent as can be reasonable applied, shall remain in full force. (See Reverse side for Additional Contract Terms and Conditions)

X Signature Jane Price Date 10, 25, 04

OWNER/TENANT/AUTHORIZED AGENT OF OWNER OR TENANTS

FOR CITY USE ONLY:	SERVICE DEPOSIT AND RECEIPT:
DATE SERVICE TO BE TURNED ON: <u>10, 29, 04</u> <u>X JP</u> RESIDENT INITIALS _____ TURNED OFF: _____ RESIDENT INITIALS _____ APPLICATION TAKEN BY: <u>DM</u> TURN ON: _____ <u>10, 25, 04</u> SIGNATURE _____ DATE _____ TURN OFF: _____ SIGNATURE _____ DATE _____	PRIOR METER DEPOSIT <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____ Transfer DEPOSIT REQUIRED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO SERVICE DEPOSIT AMOUNTS ELECTRIC \$ <u>70 -</u> WATER \$ <u>50 -</u> SEWER \$ <u>50 -</u> TOTAL RECEIVED \$ <u>170 -</u> PAY TYPE <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH RECEIVED BY: <u>DM</u> DATE <u>10, 25, 04</u> HAS THE DEPOSIT BEEN APPLIED TO THE ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO