

PERMIT

City of Napoleon
255 W. Riverview
Napoleon, OH 43545

Division of Building and Zoning
PH (419) 592-4010
FAX (419) 599-8393

Permit No: 002252

Date Issued: 06-24-04

Issued by: BND

Job Location: 187 OLD CREEK DR

Est. Cost: 67200.00

Lot #:

Subdivision Name: NORTHOAKS 5G

Owner: FRUCKEY, KEITH
Address: PO BOX 161
CSZ: NAPOLEON, OH 43545
Phone: 419-579-0248

Agent: SELF
Address:
CSZ:
Phone:

Use Type - Residential:

Other:

ZONING INFORMATION

Dist: C-3 Lot Dim: 65X113 Area: 7318 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: Addn'n: Alter: Remodel:

WORK INFORMATION

Size - Lgth: 68 Width: 49 Stories: 1 Living Area SF: 1057
Garage Area SF: 420 Height: 22 Bldg Vol Demo Permit:

WORK DESCRIPTION

NEW HOME

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT	06-24-04	173.00
ELECTRICAL PERMIT	06-24-04	69.00
PLUMBING PERMIT	06-24-04	36.00
MECHANICAL PERMIT	06-24-04	18.00
WATER TAP PERMIT	06-24-04	0.00
SEWER PERMIT	06-24-04	104.00

Total Fees Due 400.00

7-6-04

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 #002252

Date Issued: 06-24-2004

Job Location: 187 OLD CREEK DR

Owner: FRUCKEY, KEITH

Address: PO BOX 161 NAPOLEON, OH 43545

Owner Phone: 419-579-0248

Contractor: SELF

Address:

Phone:

Water Tap Size 1" X 1.5" _____ 2" _____ Other _____

Water Meter Yoke Size 5/8" X 3/4" _____ 1" _____ Other _____

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 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

City of Napoleon Inspection Form

Permit #002252

Date Issued: 06-24-2004

Job Location: 187 OLD CREEK DR

Owner: FRUCKEY, KEITH

Owner Phone: 13325

Contractor:

Contractor Phone:

Work Description: BU

Plumbing: UNDGR _____ RGHIN 8-10 FINAL 10-22-04
 SEWER INSP 8-2

Mechanical: UNDGR _____ RGHIN _____ FINAL 11-05-04
 FURNACE REPLAC _____ AIR COND _____

Electrical: UNDGR _____ RGHIN _____ FINAL 11-05-04
 SEVR UPGR 11-2

Building: Site 7-14 FTG 7-14 FNDDT 7-21
 STRU 8-2 ROOF 8-2 EXT _____
 VENT _____ ACCES _____ EGRS _____
 SMKDT _____ FINAL _____
 ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STGE Shed: SITE _____ FINAL _____

Sign: FTG _____ FINAL _____

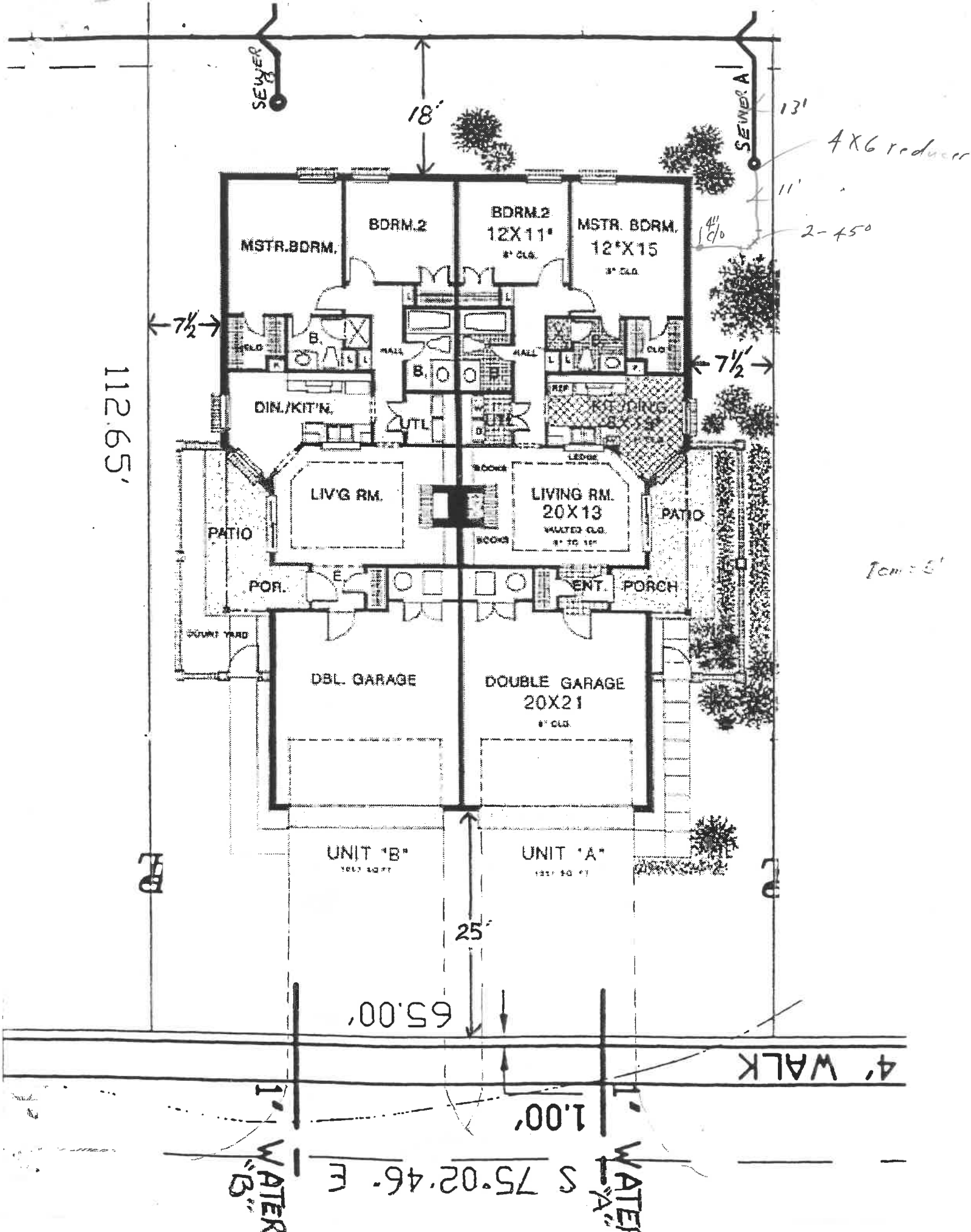
Fence: SITE _____ FINAL _____

DRIVEWAY: _____ SIDEWALK: _____
MISC INSP: _____

NOTES: _____

INSPECTORS INITIALS: _____

OAKWOOD PROJECT SITE PLAN - FRUCHEY



112.65'

18'

13'

4x6 reducer

2-450

← 7½' →

← 7½' →

1cm = 5'

65.00'

25'

4' WALK

1.00'

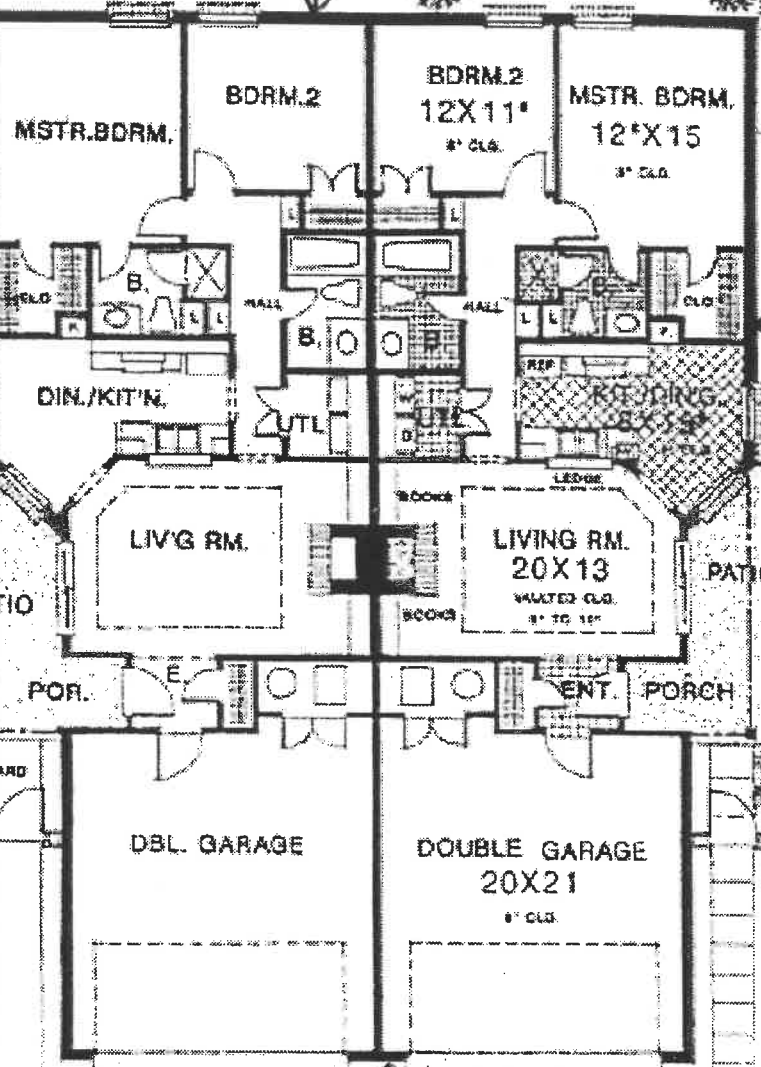
WATER
"B"

WATER
"A"

S 75° 02' 46" E

EB

EB



MSTR. BDRM.

BDRM.2

BDRM.2
12X11"
8" CLG.

MSTR. BDRM.
12X15
8" CLG.

DIN./KIT'N.

LIV'G RM.

LIVING RM.
20X13
VAULTED CLG.
8" TO 10"

DBL. GARAGE

DOUBLE GARAGE
20X21
8" CLG.

UNIT "B"
1067 SQ FT

UNIT "A"
1321 SQ FT

SEWER

SEWER A

DRYING YARD

PATIO

PATIO

POR.

VENT. PORCH

W.C.

HALL

HALL

CLO.

B.

B.

CLO.

W.C.

UTL.

W.C.

REP.

READING

BOOKS

BOOKS

LEDGE

DRYING YARD

PATIO

PATIO

POR.

VENT. PORCH

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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#002252

Date Issued: 06-24-2004

Job Location: 187 OLD CREEK DR

Work Description: NEW HOME

Owner: FRUCKEY, KEITH

Address: PO BOX 161 NAPOLEON, OH 43545

Owner Phone: 419-579-0248

Contractor: SELF

Address:

Contractor Phone:

Electric Service Upgrade _____ New Service Installation X

Industrial _____ Commercial _____ Residential X 1 Phase X 3 Phase _____

Size of Service 100 Amp _____ 150 Amp _____ 200 Amp X 400 Amp _____ 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: _____

