

City of Napoleon, Ohio

Zoning Department

255 West Riverview Avenue, P.O. Box 151 Napoleon, OH 43545 Mark B. Spiess, Senior Engineering Technician / Zoning Administrator Telephone: (419) 592-4010 Fax: (419) 599-8393 www.napoleonohio.com

RESIDENTIAL ZONING PERMIT

Issued Date:

May 30, 2019

Expiration Date:

May 30, 2020

Permit Number:

P-19-099

Job Location:

560 Becklee Drive

Owner:

Erik Fretz

Napoleon, Ohio 43545

Contractor:

Self

419-349-6005

Zone: R-4 High Density Residential

Set Backs: Accessory Building

Front: 40 Rear: 10 Side: 7

Comments:

Pre-built shed 10' x 16'

Permit Type: Shed

Fee: \$25.00

Status: Paid

Amount Due: \$0.00

Mark B. Spiess

Sr. Eng. Tech / Zoning Admin.

CITY OF NAPOLEON ZONING PERMIT APPLICATION

DATE 5-30-19 JOB LOCATION Backyard

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

OWNER Enk Fatz	TELI	EPHONE	#	49966553
OWNER ADDRESS 560 Beckke Dc.				
CONTRACTOR N/A	CELL	PHONE	:#	NIA
DESCRIPTION OF WORK TO BE PERFORMED Delivery of	pre hu	it s	she	d (10'-0"x16'-0'
ESTIMATED COMPLETION DATE 6/19 delivery dageSTIMATED COST 4,000 (prebuitt)				
DESCRIPTION	1	FEE	T	OTAL COST
Demo Permit (100.3100	0.46690) \$	5100.00	\$	
Fence		\$25.00	\$	
Pool		\$25.00	\$	
Garage and Shed Under 200 SF (Detached)		\$25.00	\$	25.00
Driveway		0	\$	
Sidewalk/Curbing		0	\$	
Sewer Outside		0	\$	
	Subtotal:		\$	25.00
			\$	
	ТОТА	L FEE:	\$	25.00
I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BY I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of recapplication as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if the code official or the code official's authorized representative shall have the authority to enter areas covered by such applicable to such permit. I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE SIGNATURE OF APPLICANT: PRINT NAME:	OVE SHALL BE BUILDING/ZONE cord and that I have a permit for Work permit at any reas	UNDERTAK NG DEPART e been author described in to onable hour to	TEN OR TMENT. Tized by this applies enforced TNS.	PERFORMED UNTIL THE the Owner to make this fication is issued, I certify that the provisions of the code(s)
BATCH#CHECK#	DATE_			