



Zoning Administrator
Building Commissioner
Tom Zimmerman

CITY OF NAPOLEON
Building & Zoning Division
255 W. Riverview Avenue, PO Box 151, Napoleon, OH 43545
Phone: 419-592-4010 - Fax: 419-599-8393

13-04164
Commercial Zoning

ZONING PERMIT APPLICATION

ADDRESS OF PROPOSED BUSINESS: New Elementary, West side of Wetmoreland

BUSINESS OWNER: Napoleon Area Schools

OWNER ADDRESS: 701 Briarheath Drive

OWNER PHONE: 419-599-7015 CELL: _____

PROPERTY OWNER: Napoleon Area Schools

PROPERTY OWNER ADDRESS: 701 Briarheath Drive

PROPERTY OWNER PHONE: 419-599-7015 CELL: _____

NEW BUSINESS USE: E - Educational

ESTIMATED CONSTRUCTION COST \$ 22,559,000

ZONE: _____ # OF PARKING SPACES: 144 SQ FT OF BUILDING: 126,330

PREVIOUS BUSINESS USE: N/A

ADDRESS PERMIT SHOULD BE SENT TO: Beilharz Architects, Inc.
701-1/2 W First, Defiance OH 43512 (Call Kraig/Cathy 419-782-6211)

APPLICANT: Kraig Beilharz PHONE#: 419-782-6211

FEE: \$50.00 (Fee may be waived if usage or size of building does not change. MZON 100.3100.46690)

12-5-2013
DATE

TOM ZIMMERMAN
ZONING ADMINISTRATOR

DATE

Building/Zoning Use Only			
Permit # _____	Batch # _____	Check # _____	Date _____

Vendor: 001028 - CITY OF NAPOLEON
 Vendor Acct:

Check No. 108012

INVOICE NUMBER	PO NUMBER	TI	FUND	FUNC.	OBJ.	SPCC	SUBJ.	OPU	IL	JOB	NET AMOUNT
ELEM ZONING	0096225	05	010	5500	410	9813	000000	006	00	000	31.00
ELEM ZONING	0096225	05	010	5500	410	9013	000000	006	00	000	19.00
TOTAL											50.00

Napoleon Area City School District
 Message:

FOLD
HERE

FOL
MEF



ARCHITECTS
INCORPORATED

701-1/2 West First St.
Defiance OH 43512

Phone: 419.782.6211

TRANSMITTAL LETTER

www.beilharzarchitects.com

TO: **City of Napoleon**
Building and Zoning Division
255 W. Riverview Avenue
Napoleon OH 43545

TRANSMITTAL DATE: **Deember 5, 2013**
ARCHITECT'S PROJECT NO: **A8-4230**

ATTN: **Tom Zimmerman, Zoning Administrtor**

VIA:
 MAIL
 FAX
 UPS
 OVERNIGHT
 HAND DELIVERED

PROJECT: **NAS – Phase I Jr. High Addition**

WE TRANSMIT:

Herewith Under separate cover via: _____
 In accordance with your request: _____

FOR YOUR:

Approval Distribution to parties Information
 Review & Comment Record Quotation
 Use Payment _____

THE FOLLOWING:

COPIES	DATE	NO.	DESCRIPTION	ACTION
1			Zoning Application	G
1	12/4/13	108012	Permit Fee Check (Napoleon Area Schools)	G
REMARKS:				

ACTION: A. Action indicated on item transmitted D. Approved as submitted G. No action required
B. Please sign and return to this office E. Approved as noted H. See REMARKS
C. Please sign and forward as noted below F. Revise and resubmit

COPIES TO:

File

If enclosures are not as noted, inform us immediately. If checked below, please: Acknowledge receipt of enclosures. Return enclosures to us.

BEILHARZ ARCHITECTS, INC.

By: *Cathy Cooley, Administrative Assistant*

cathyc@beilharzarchitects.com