



City of Napoleon Building Department

255 W. Riverview
P.O. Box 151
Napoleon, OH 43545
Phone: (419) 592-4010
Fax: (419) 599-8393
Email:

Driveway

Permit Number: P-17-0257
Expiration Date: 07/06/2018

STOVER, JEFF
130 CAPRI DR

Napoleon, OH

Description:

\$0.00 Driveway 0.00 x \$0.0000

Building Permit Info

Project Description: Replace Driveway
Construction Value: \$5,000.00

Authorizing Signature

Date

CITY OF NAPOLEON ZONING PERMIT APPLICATION

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

DATE 7-6-17 JOB LOCATION 130 CAPRI DRIVE

OWNER JEFF STOVER TELEPHONE # _____

OWNER ADDRESS SAME

CONTRACTOR RIPKE CONCRETE & CONSTRUCTION CELL PHONE # 419-262-1018

DESCRIPTION OF WORK TO BE PERFORMED REPLACE DRIVEWAY

ESTIMATED COMPLETION DATE 7-6-17 ESTIMATED COST \$,000.00

DESCRIPTION	FEE	TOTAL COST
Demo Permit	(100.3100.46690) \$100.00	\$
Fence	\$25.00	\$
Pool	\$25.00	\$
Garage and Shed Under 200 SF (Detached)	\$25.00	\$
Driveway	0	\$ 0
Sidewalk/Curbing	0	\$
Sewer Outside	0	\$
Subtotal:		\$ 0
		\$
TOTAL FEE:		\$ 0

P-17-0257

I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BUILDING/ZONING DEPARTMENT.

I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of record and that I have been authorized by the Owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for Work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.

SIGNATURE OF APPLICANT:	DATE: <u>7-6-17</u>
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PRINT NAME: _____

BATCH # _____	CHECK # _____	DATE <u>7-6-17</u>
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