

Application for City Building Permit

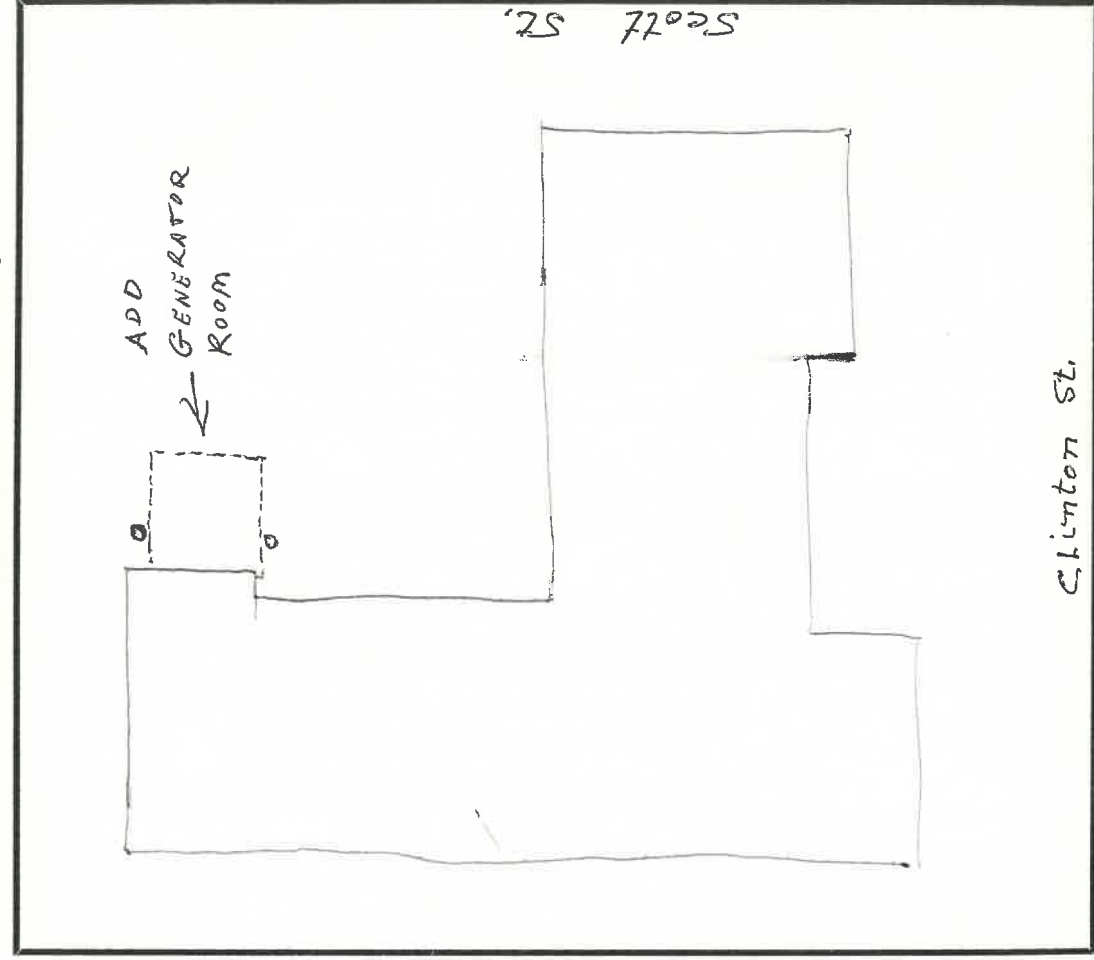
TO THE ENFORCING OFFICER OF NAPOLEON, OHIO

Application No. 318 Date 11/17/59
Name of Applicant SAMUEL M. NEHLER MEMORIAL HOSPITAL, INC. Phone _____
Address W. CLINTON ST. Name and Address of Owner SAME

Location of Property—Lot No. 2,3,4,5 In ORIGINAL PLAT Addition
Street No. or Other Description of Location 105 W. CLINTON STREET

Present Use of Property HOSPITAL Proposed Use SAME
Zoning Class of Property GB
Contractor BEHRMANN CONST. Co. Address RIDGEVILLE CORNERS, O.

SHOW ALL DETAILS ON SKETCH BELOW



Estimated Cost 1700⁰²
Lot Dimensions _____
Lot Area, Sq. Ft. _____
Bldg. Size 12.2 x 9.6
Sq. Ft. 127.12
Front Yard _____
Side Yard _____
Off St. Parking _____
Off St. Loading _____
Type of Const. BRICK
 New Addition
Location of Sewer or _____
Septic Tank _____
Location of Water Tap _____

Building Permit No. 318 issued 11/17/59 Denied

If denied, state reasons _____
Cert. of Occupancy No. _____ Issued _____ Insp. Date _____
If denied—state reasons _____
Board action requested _____ Comm. action requested _____

I hereby declare that the above and attached information is correct, and agree, in consideration of and upon issuance of a building permit, to do or allow to be done only such work as herewith applied for and such premises and its existing and proposed buildings and structures shall be used or allowed to be used for such purposes as set forth above.

Signed by Samuel M. Nehler Address Ridgeville Corners - Ohio
who hereby declares that he has been duly authorized by the Owner/Lessee to make the above application and agreement.