



Zoning Administrator  
Building Commissioner  
Tom Zimmerman

ZC 2010-4

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

# ZONING PERMIT APPLICATION

FEE: \$50.00\* (MZON 100.3100.46690)

ESTIMATED CONSTRUCTION COST \$ \_\_\_\_\_

ADDRESS OF PROPOSED BUSINESS: Pritchard Home Health and Wellness Ct.

ZONE: \_\_\_\_\_ # OF PARKING SPACES: \_\_\_\_\_ SQ FT OF BUILDING: \_\_\_\_\_

TYPE OF BUSINESS: home health et wellness.

PROPERTY OWNER: Graben

PROPERTY OWNER ADDRESS: 15238 Cold Mt Napoleon OH 43545  
\*\*\*\*\*

BUSINESS OWNER: Rachel Lawrence Pritchard

OWNER ADDRESS: 60 Lemans.

OWNER PHONE: 419-270-3582 CELL: 419-270-0621  
\*\*\*\*\*

APPLICANT: Rachel Pritchard PHONE#: 419-270-0621

[Signature] 4-22-10  
SIGNATURE OF APPLICANT DATE

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\*Fee may be waived if usage or size of building does not change.

\_\_\_\_\_  
TOM ZIMMERMAN  
ZONING ADMINISTRATOR

\_\_\_\_\_  
DATE

Building/Zoning Use Only

Batch # \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

**SCANNED**