

CITY OF NAPOLEON ZONING PERMIT APPLICATION

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

ZR 2010-27

DATE 10-12-10 JOB LOCATION 745 CRIPPLE CREEK CT.
 OWNER Michael R. Hoover TELEPHONE # (419) 599-3613
 OWNER ADDRESS 745 CRIPPLE CREEK CT.
 CONTRACTOR _____ CELL PHONE # (419) 262-8009
 DESCRIPTION OF WORK TO BE PERFORMED Building shed to site
 ESTIMATED COMPLETION DATE 10-18-10 ESTIMATED COST 4,000.00

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

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: Michael R. Hoover DATE: 10-12-10
 PRINT NAME: Michael R. Hoover

BATCH #	CHECK #	DATE
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SCANNED

THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Zoning Residential Permit

Permit Number: ZR2010-27

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Printed: 10/12/2010

ADDRESS:

745 Cripple Creek Ct.

Applicant

Name: Michael Hoover
Address: 745 Cripple Creek Ct

Approval Date:

Owners

Name: Mr. Michael Hoover
Address: 745 Cripple Creek Ct
Napoleon, OH 43545

Contractors

Fees and Receipts:

Number	Description	Amount
	Total Fees:	<u>\$0.00</u>
	Total Receipts:	<u>\$0.00</u>

shed

APPLICANTS SIGNATURE: _____ **DATE:** _____

REMINDER: YOU MUST CALL (419)592-4010 FOR AN INSPECTION

shed

