

THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Zoning Residential Permit

Permit Number: ZR2010-10

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Printed: 5/20/2010

ADDRESS:

145 Derome St.

Applicant

Name: Larry & Ruth Small

Address: 145 Derome Dr.

Approval Date:

Owners

Name: Larry & Ruth Small

Address: 145 Derome Dr.

Napoleon, OH 43545

Contractors

Fees and Receipts:

Number

Description

Amount

Total Fees: \$0.00

Total Receipts: \$0.00

partial fence in backyard

APPLICANTS SIGNATURE: _____ DATE: _____

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

partial fence in backyard

CITY OF NAPOLEON ZONING PERMIT APPLICATION

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

ZR2010-10

DATE 5-17-10 JOB LOCATION 145 DeRome Dr
 OWNER Larry + Ruth Small TELEPHONE # 419-599-1834
 OWNER ADDRESS 145 DeRome Dr
 CONTRACTOR Holgate Lumber CELL PHONE # _____
 DESCRIPTION OF WORK TO BE PERFORMED fence / partial / west side
back yard
 ESTIMATED COMPLETION DATE 5-25-10 ESTIMATED COST 1200.00

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:		\$

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: <u>Ruth Small</u>	DATE: <u>5-17-10</u>
PRINT NAME: <u>Ruth Small</u>	

BATCH #	CHECK #	DATE
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SCANNED

5-20-10

