



City of Napoleon, Ohio

Zoning Department

255 West Riverview Avenue, P.O. Box 151

Napoleon, OH 43545

Kevin Schultheis Code Enforcement/ Zoning Administrator

Telephone: (419) 592-4010 Fax: (419) 599-8393

www.napoleonohio.com

RESIDENTIAL ZONING PERMIT

Issued Date: June 24, 2025

Expiration Date: June 24, 2026

Permit Number: P-25-097

Job Location: 874 Graceway Drive

Owner: William & Diane Weirauch
874 Graceway Drive
Napoleon, OH 43545

Contractor: Everlast Exteriors, LLC
Phone: 260-602-5453
Zone: R-2: Low Density Residential

Set Backs


Comments: New shingle roof with tear off of old roof

Permit Type: Residential

Fee: \$25.00

Status:

Amount Due: \$0.00


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R-2
P-25-097

Residential Zoning Permit Application

Date 6-18-25 Job Location 874 Graceway Dr., Napoleon, OH 43545

Owner William & Diane Weirauch Telephone # 419 966 3818

Owner Address Same as job

Contractor Everlast Exteriors LLC Cell Phone # 260 602 5453

Description of Work to be Performed New shingle roof with tear off of old roof

Estimated Completion Date 7/30 2-6 weeks Estimated Cost \$24,500

Demo Permit - \$100.00 - See Separate Form	(MDEMO 100.1700.46690)	\$
Zoning Permit - \$25.00	(MZON 100.1700.46690)	\$ <u>25.00</u>
Fence/Pool/Deck - \$25.00	(MZON 100.1700.46690)	\$
Accessory Building 200 SF or less (Detached) - \$25.00	(MZON 100.1700.46690)	\$
Driveway/Sidewalk/Curbing/Patio - \$0.00	(MZON 100.1700.46690)	\$
Drainage Permit/Outside Water/Sewer Repair - \$0.00	(MBLDG 510.0000.44730)	\$
1" Water Tap, 5/8" Meter, Copper Setter and Transmitter - \$1,200.00(Outside City - \$5,680)	(MBLDG 510.0000.44730)	\$
1" Water Tap, 3/4" Meter, Copper Setter and Transmitter - \$1,300.00(Outside City - \$5,820)	(MBLDG 510.0000.44730)	\$
1" Water Tap, 1" Meter, Copper Setter and Transmitter - \$1,400.00 (Outside City - \$5,960)	(MBLDG 510.0000.44730)	\$
1" Meter, Copper Setter and Transmitter Without Tap - \$525.00	(MBLDG 510.0000.44730)	\$
3/4" Meter, Copper Setter and Transmitter Without Tap - \$440.87	(MBLDG 510.0000.44730)	\$
5/8" Meter, Copper Setter and Transmitter Without Tap - \$350.00	(MBLDG 510.0000.44730)	\$
Sewer Tap For Lots 7,200 Sq. Ft. Or Less - \$0.00	(MBLDG 520.0000.44830)	\$
Sewer Tap For Lots (Single Family) 7,201 To 12,199 Sq. Ft. (x \$0.012)	(MBLDG 520.0000.44830)	\$
Sewer Tap For Lots (Single Family) 12,200 Sq. Ft. or Greater - \$60.00	(MBLDG 520.0000.44830)	\$
Sewer Tap For Lots (Two Family) 7,201 to 23,866 Sq. Ft. (x\$0.012)	(MBLDG 520.0000.44830)	\$
Sewer Tap For Lots (Two Family) 23,867 Sq. Ft. or Greater - \$200.00	(MBLDG 520.0000.44830)	\$
Sewer Tap For Lots (Three Family) 7,201 to 36,366 Sq. Ft. (x\$0.012)	(MBLDG 520.0000.44830)	\$
Sewer Tap For Lots (Three Family) 36,367 Sq. Ft. or Greater - \$350.00	(MBLDG 520.0000.44830)	\$
Sewer Tap Inspection Fee For Single Family or Duplex - \$60.00	(MBLDG 520.0000.44830)	\$
Inspection Fee Outside the Corporation Limits - Increase 50%	(MBLDG 520.0000.44830)	\$
TOTAL FEE:		\$ <u>25.00</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 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: [Signature]

DATE: 6-18-25

BATCH #

CHECK #

DATE

Per Rule 10.2 of the City of Napoleon Rules for Water and Sewer Service, City personnel will assist property owners in locating existing sanitary sewer laterals and water services to the best of their ability. However, the City does not guarantee the accuracy of said markings and is not liable for any expense incurred by the property owner if said markings are incorrect.



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PLEASE PRINT CLEARLY

☒ NEW ☐ RE-REGISTER for 20_____

COMPANY NAME: Everlast Exteriors LLC DATE: 6-18-25

CONTACT PERSON: Matt Graft

BUSINESS ADDRESS 8912 E Tillman Rd Fort Wayne IN 46816
STREET CITY STATE ZIP

TELEPHONE #: 260 602 5453 FAX #: _____ CELL#: 260 602 5453

EMAIL: infoeverlastext@gmail.com *Email Correspondence: ☒ Yes ☐ No

*Correspondence, permits, reminder notices, etc. will be sent electronically instead of by mail.

COMMERCIAL GENERAL LIABILITY INSURANCE is required in order to qualify to perform work in the city of Napoleon. The minimum coverage shall be **\$1,000,000 General Aggregate, \$500,000 Each Occurrence, \$500,000 Personal Injury**. Please have your agent forward a certificate of insurance and be sure to name City of Napoleon as the holder.

Please check the type of work you are qualified to perform based on your experience

Commercial <input type="checkbox"/>	Residential <input checked="" type="checkbox"/>	Industrial <input type="checkbox"/>
General Contracting <input checked="" type="checkbox"/>	Home Builder <input type="checkbox"/>	Remodeling <input type="checkbox"/>
Siding <input type="checkbox"/>	Windows <input type="checkbox"/>	Gutters <input checked="" type="checkbox"/>
Plumbing <input type="checkbox"/>	Heating <input type="checkbox"/>	Venting <input type="checkbox"/>
Refrigeration <input type="checkbox"/>	Sewer <input type="checkbox"/>	Sign Builder <input type="checkbox"/>
Landscaping <input type="checkbox"/>	Painting <input type="checkbox"/>	Cabinet Builder <input type="checkbox"/>
Accessory Structures (Wood Frame, Steel Frame) <input type="checkbox"/>	Masonry/Concrete <input type="checkbox"/>	Foundation Walls <input type="checkbox"/>
Repairs/Waterproofing <input checked="" type="checkbox"/>	Lawn Sprinklers <input type="checkbox"/>	Fire Sprinklers <input type="checkbox"/>
Arborists <input type="checkbox"/>	Other: _____	

Arborists ☐ (Must provide proof of Insurance \$300,000 bodily injury & \$300,000 property damage, & proof of W/C insurance)

1. How many years of experience do you have doing the type of work as indicated above? 6
2. How long has your company been in business? 2019
3. How long has your company been under current ownership? 2019
4. Do you have employees? Y ☒ N ☐ If yes please provide a copy of your workers comp certificate.
5. Do you have subcontractors? Y ☐ N ☒ If yes each subcontractor must complete a contractor registration form.

If the information of this form is found to be satisfactory a contractor license will be issued. Contractor licenses are valid for one calendar year at the cost of **\$25.00**.

This form will not be accepted unless it is signed by an authorized person of the firm listed above.

[Signature] 6-18-25
Firm-Authorized Signature Date

Matt Graft member
Print Name & Title

Building/Zoning Office Use Only

Batch# _____ Check# _____ Date _____ Contractor # _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/18/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Corle Pond Insurance 207 N Meridian St Portland IN 47371		CONTACT NAME: Travis Pond PHONE (A/C, No, Ext): 260-726-6561 E-MAIL ADDRESS: Travis@chatt-insurance.com FAX (A/C, No): 800-299-6556	
INSURED Everlast Exteriors LLC 8912 E Tillman Rd Fort Wayne IN 46816		INSURER(S) AFFORDING COVERAGE INSURER A: Atlantic Casualty Insurance Co INSURER B: Cellina Mutual Insurance INSURER C: PA MANUFACTURERS ASSN INS CO INSURER D: INSURER E: INSURER F:	
		NAIC #	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			L277001112-0	04/25/2025	04/25/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			7303138-0	07/07/2024	07/07/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A	13-11916-25118-369380	04/26/2025	04/26/2026	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is an additional insured if required by written contract

CERTIFICATE HOLDER**CANCELLATION**

City of Napoleon
255 West Riverview Avenue, P.O. Box 151
Napoleon, OH 4354

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Travis Pond