

CITY OF NAPOLEON ZONING PERMIT APPLICATION

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

P-14-0217
Sewer

DATE June 19 2014 JOB LOCATION 425 Haley
 OWNER Julie Harmon TELEPHONE # 419-592-6795
 OWNER ADDRESS 425 Haley
 CONTRACTOR Tressler Plumbing CELL PHONE # 419-576-0392
 DESCRIPTION OF WORK TO BE PERFORMED new sewer line
 ESTIMATED COMPLETION DATE June 23 - 27 ESTIMATED COST 1900.00

| DESCRIPTION | FEE | TOTAL COST |
|---|---------------------------|------------|
| Demo Permit | (100.3100.46690) \$100.00 | \$ |
| Fence | \$25.00 | \$ |
| Pool | \$25.00 | \$ |
| Garage and Shed Under 200 SF (Detached) | \$25.00 | \$ |
| Driveway | 0 | \$ |
| Sidewalk/Curbing | 0 | \$ |
| Sewer Outside | 0 | \$ 0 |
| Subtotal: | | \$ |
| | | \$ |
| TOTAL FEE: | | \$ 0 |

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.

| | |
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| SIGNATURE OF APPLICANT: <u>Doug Tressler</u> | DATE: |
| PRINT NAME: <u>Doug Tressler</u> | |

| | | |
|---------|---------|------|
| BATCH # | CHECK # | DATE |
|---------|---------|------|