



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: March 6, 2024

Expiration Date: March 6, 2025

Permit Number: P-24-026

Job Location: 911 Hobson Street

Owner: Sam McCorkle
911 Hobson Street
Napoleon, OH 43545

Contractor: J.A. Hillis LLC

Phone: 419-783-7923

Zone: R-4: High Density Residential

Set Backs: Front Yard: 25' Rear Yard: 15' Side Yard: 7'

Comments: Sewer Repair

Permit Type: Zoning

Fee: \$0.00

Status: Waived

Amount Due: \$0.00



Kevin Schultheis
Code Enforcement / Zoning Administrator



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Mark B. Spiess, Senior Engineering Technician / Zoning Administrator
Telephone: (419) 392-4016 Fax (419) 599-8393
www.napoleonohio.com

P-24-026

R-4

Residential Zoning Permit Application

Date 03-06-24 Job Location 911 HOBSON ST.
 Owner SAM MCCORKLE Telephone # 419-960-78103
 Owner Address SAME
 Contractor J.A. HILLIS LLC Cell Phone # 419-783-7923
 Description of Work to be Performed SEWER REPAIR
 Estimated Completion Date 03-06-24 Estimated Cost \$2,500 -

Demo Permit - \$100.00 - See Separate Form	(MDEMO 100.1700.46590)	\$
Zoning Permit - \$25.00	(MZON 100.1700.46590)	\$
Fence/Pool/Deck - \$25.00	(MZON 100.1700.46590)	\$
Accessory Building Under 200 SF (Detached) - \$25.00	(MZON 100.1700.46590)	\$
Driveway/Sidewalk/Curbing/Patio - \$0.00	(MZON 100.1700.46590)	\$
Drainage Permit/Outside Water/Sewer Repair - \$0.00	(MBLDG 510.0000.44730)	\$ 0
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 - \$358.00	(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 - \$68.00	(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 - \$358.00	(MBLDG 520.0000.44830)	\$
Sewer Tap Inspection Fee For Single Family or Duplex - \$68.00	(MBLDG 520.0000.44830)	\$
Inspection Fee Outside the Corporation Limits - Increase 50%	(MBLDG 520.0000.44830)	\$
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 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: 3-6-24

BATCH#

CHECK#

DATE