SCANNED

Print Date: 06/23/2017



City of Napoleon Building Department

255 W. Riverview P.O. Box 151 Napoleon, OH 43545 Phone: (419) 592-4010

Fax: (419) 592-8393

Email:



Zoning Residential

Permit Number:

P-17-0235

Expiration Date:

06/23/2018

STATON, CRAIG 1126 HURST DR

Napoleon, OH

Description:

\$25.00 Pool

1 Pool x \$25.0000

Building Permit Info

Project Description: Construction Value: 16x32 in ground pool

\$30,000.00

Authorizing Signature

Date

· CITY OF NAPOLEON ZONING PERMIT APPLICATION

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

DATE (0-10-17 JOB LOCATION 1124 HURST	DR			
OWNER CRAIG STATON	TELEPHONE #419-592-09710			
OWNER ADDRESS SAME				
CONTRACTOR BULLEYE POOL SERVICE	CE	LL PHON	E#419-523-39	 37/
DESCRIPTION OF WORK TO BE PERFORMED 10'x 32'	IN GROW	Up Pa	X	
ESTIMATED COMPLETION DATE ESTIMATED COST 430,000				
				=
DESCRIPTION		FEE	TOTAL COST	
Demo Permit	100.3100.46690)	\$100.00	\$	
Fence		\$25.00	\$	
Pool		\$25.00	\$ 25.00	
Garage and Shed Under 200 SF (Detached)		\$25.00	\$	
Driveway		0	\$	
Sidewalk/Curbing		0	\$	5
Sewer Outside		0	\$	~
	Subtotal:		\$	4
			\$	1
	TO	TAL FEE:	WAIVE MB.	5 0
				ري
				0
I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALT ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAP	ERATION, ELECTRICA F THE ABOVE SHALL I	L OR MECHA BE UNDERTAR	NICAL INSTALLATION OR CEN OR PERFORMED UNTIL TH	не
I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Capplication as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In the code official or the code official's authorized representative shall have the authority to enter areas coverapplicable to such permit.	Owner of record and that I i	have been author	ized by the Owner to make this	ıı 5)
I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND TH				
SIGNATURE OF APPLICANT: Collection		-14-20	IM 3	
PRINT NAME: CRAIG A. STATON				
BATCH # NO Payment CHECK # 1412 WA	GIVE DATE	0-10-1	17	
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