

P E R M I T

CITY OF NAPOLEON
255 W. RIVERVIEW AVE
NAPOLEON, OHIO 43545

DIVISION OF BUILDING & ZONING
PH (419) 592-4010
FAX (419) 599-8393

PERMIT NO: 97198 DATE ISSUED: 06-10-97 ISSUED BY: MBS
JOB LOCATION: 375 INDEPENDENCE DR EST. COST: 225.00

LOT #: SUBDIVISION NAME:

OWNER: LOLA ENTERPRISES AGENT: SHEPARD DESIGN
ADDRESS: 970 OAKWOOD AVE ADDRESS: P.O. BOX 21
CSZ: NAPOLEON, OH 43545 CSZ: NAPOLEON, OH 43545
PHONE: 419-592-1806 PHONE: 419-592-1026

USE TYPE - RESIDENTIAL: OTHER:

ZONING INFORMATION

DIST: LOT DIM: AREA: FYRD: SYRD: RYRD:
MAX HT: # PKG SPACES: # LOADING SP: MAX LOT COV:

BOARD OF ZONING APPEALS:

WORK TYPE - NEW: X REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: 3 WIDTH: 2 STORIES: LIVING AREA SF:
PAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION

SIGN ADDITION ON SIDE OF BUILDING

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

SIGN PERMIT

25.60



TOTAL FEES DUE 25.60

6/10/97

DATE

Rob Stapp

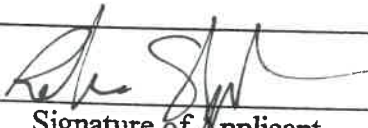
APPLICANT SIGNATURE

City of Napoleon
Engineering Department

Application for SIGN PERMIT

Office Use Only

Permit No.: _____
Issued Date: _____
Issued By: _____
Est. Cost: _____
Base Fee: _____
Total Fee: _____

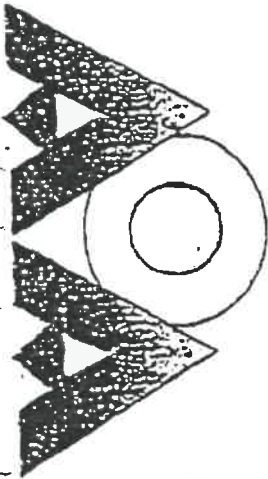
Owner Name: AREA OFFICE ON AGING
Owner Address: 375 INDEPENDENCE DR. Suite 110
Job Location: 11
Contractor Name: SHEPARD DESIGN
Address: P.O BOX 21 Ph.: 5921026
Sign Type: FLAT APPLIED Sign Size: 3' X 2'
ON BUILDING
Sign Square Footage: 6
Date: 6/10/97

Signature of Applicant

Application must be accompanied with a sketch and description of the proposed installation.
*Base fee is \$5.00 plus \$.08 per sq. ft. of sign surface.

36" →

PASSPORT

WESTERN BRANCH OFFICE



Area Office on Aging
of Northwestern Ohio
Inc.

→

Rough Sketch

24"

TO BE
APPLIED
DIRECTLY TO
BUILDING

SHEPPARD Design

P.O. BOX 21 • NAPOLEON, OHIO • 43545
ATTN: 419 607-1026

Designed exclusively for: AREA OFFICE ON AGING ² / ₆ Barbara Barberley		Date:	5/8/97
Address: MARLBOROUGH OFFICE 375 INDEPENDENCE DR.		Phone:	592-6206
The prices, specifications, and conditions as described are satisfactory and are hereby accepted. You are authorized to do the work as specified.		50% DEPOSIT REQUIRED ON ALL WORK. BALANCE DUE ON COMPLETION.	
Signature	Date	This design is the property of the designer, and may not be reproduced in any manner without written permission.	

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 97198

DATE ISSUED: 06-10-97

JOB LOCATION: 375 INDEPENDENCE DR

OWNER: LOLA ENTERPRISES

OWNER PHONE: 419-592-1806

CONTRACTOR: SHEPARD DESIGN

CONTRACTOR PHONE: 419-592-1026

WORK DESCRIPTION: SIGN ADDITION ON SIDE OF BUILDING

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDDT _____

STRUC _____ ROOF _____ EXT _____

VENT _____ ACCES _____ EGRS _____

SMKDT _____ FINAL _____

ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL _____

FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTOR INITIALS: _____