

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: August 2, 2023

Expiration Date: August 2, 2024

Permit Number: P-23-125

Job Location: 400 Independence Drive

Owner: Damira, LLC

1540 Williamsburg Avenue Napoleon, OH 43545

Contractor: Peters Used Equipment

Phone: 419-819-9263

Zone: C-4: Planned Commercial

Set Backs: Accessory Building: Front: 40' Rear: 10' Side: 10'

Comments: 32.769 sq. ft. ground sign

Permit Type: Sign

Fee: \$35.00

Status: Paid

Amount Due: \$0.00

Kevin Schultheis

Code Enforcement / Zoning Administrator

P-a3-125 C-4

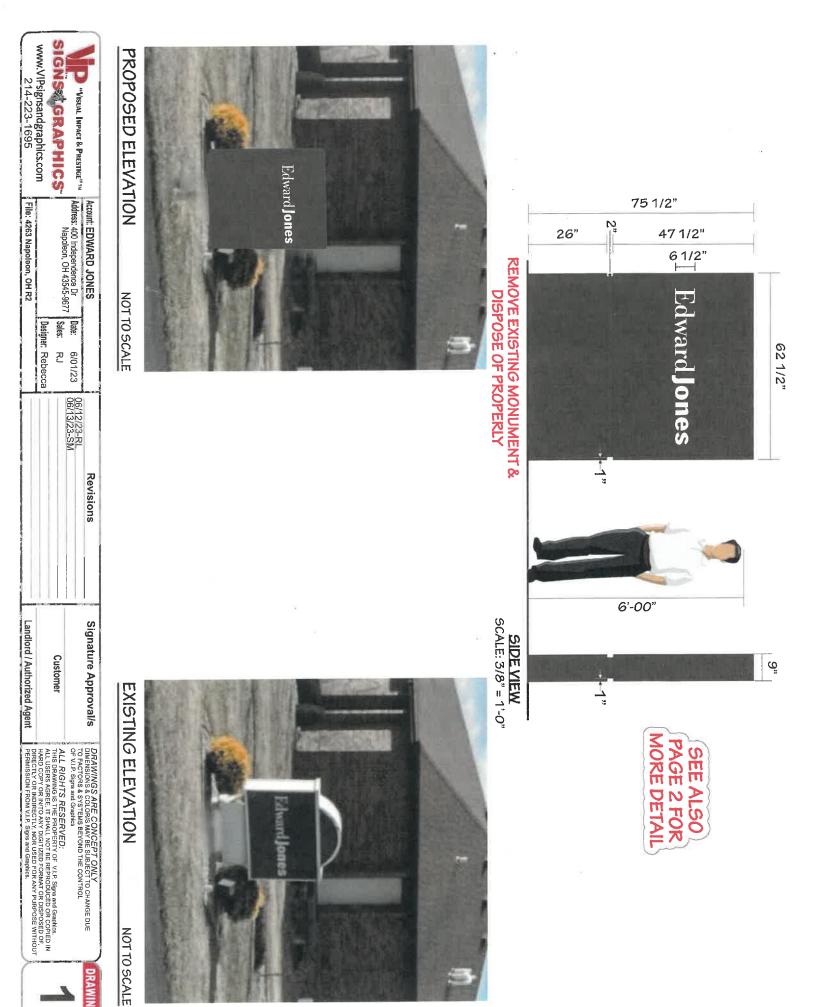


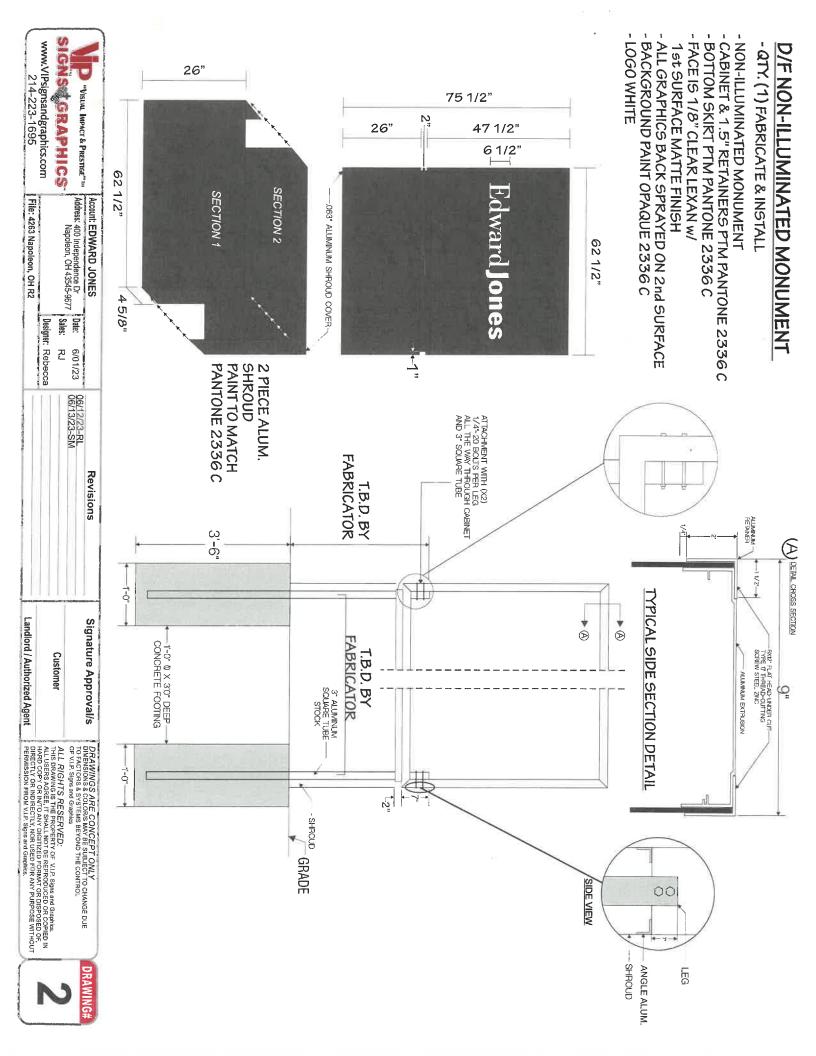
CITY OF NAPOLEON BUILDING & ZONING DEPARTMENT

255 W. Riverview Avenue, PO Box 151, Napoleon, OH 43545 Phone: 419-592-4010 - Fax: 419-599-8393

APPLICATION FOR SIGN PERMIT

LOCATION OF PROPERTY: 400 T	Le sendence DI	Uspolion on
OWNER NAME: Brown	\ PH0NI	E: 419 354 2040
OWNER ADDRESS: Ms. Cance. O Aa	pdevelomily W3 to	1. Com
CONTRACTOR NAME: Polics Van	1 Epignif PHONE	: \$19819 9763
IS CONTRACTOR REGISTERED WITH THE CITY OF NAPOLEON? YES NO		
SIGN INFORMATION		
TYPE: POST WALL GROUND	☐ AWNING	
DIMENSIONS: 75.5 ± 6	2.5.7	= TOTAL S.F. 32.769
** PLEASE INCLUDE ANY AND ALL SITE	PLANS AND PLANS OF ABOVE S	SIGNS.
FEES:		
\$35.00 BASE UP TO 50 S.F. OF SIGN, PLU	IS \$0.20 PER ADDTITIONAL S.F.,	NOT TO EXCEED \$150.00 (100-3100-46610)
\$5.00 FLAT FEE FOR TEMPORARY SIGNS, THOSE EXEMPT FROM FEE. (SEE BELOW)		IGNS, AND PORTABLE SIGNS OTHER THAN
NO FEE REQURED FOR TEMPORARY AND RELIGIOUS OR CHARTIABLE CAUSES OR		DMENT SIGNS, OR SIGNS RELATED TO
ESTIMATED CONSTRUCTION COST \$	38009	
APPLICANT SIGNATURE		7 - 31 -> DATE
Batch 50560 C	Check 59150	Date 81/1/2.3







Step 1: Select Payments

Step 2: Review and Submit

Step 3: Confirmation and Receipt

Step 3: Confirmation and Receipt

Your payment request has been sent for review. Your Reference Number is: 139892937

Please note: Your payment request will be reviewed before processing. You will receive a confirmation email after the payment is processed. Should the Agency have any comments about your request they will contact you.

My Bills

Jescription

Permits payment of \$347.11 on Permit Number SGN23-000016

\$347.11

Subtotal: \$347.11

Convenience Fee: \$8.95

Total Payment: \$356.06

Amount Due

Customer Information

First Name: Amy Last Name: Peters

Address Line 1: 5507 US Hwy 6

Address Line 2:

ity: Pemberville

State: Ohio

Zip Code: 43450

Phone Number: 4192874587

Email Address: amy@petersequipment.net

Payment Information

Payment Date: 07/27/2023

Card Type: American Express