

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: 98022

DATE ISSUED: 01-30-98

ISSUED BY: BND

JOB LOCATION: 800 INDEPENDENCE DR

EST. COST: 2500.00

LOT #:

SUBDIVISION NAME:

OWNER: R & R THREE INC  
ADDRESS: 4320 OAKGLEN  
CSZ: CAMDEN, MI 49232  
PHONE: 517-567-8000

AGENT: BEACON SIGN COMPANY  
ADDRESS: 19719 MT ELLIOT  
CSZ: DETROIT, MI 48234  
PHONE: 313-368-3410

USE TYPE - RESIDENTIAL:

OTHER:

ZONING INFORMATION

DIST: LOT DIM: AREA: 60 SF FYRD: SYRD: RYRD:  
MAX HT: # PKG SPACES: # LOADING SP: MAX LOT COV:

BOARD OF ZONING APPEALS:

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

WORK INFORMATION

SIZE - LGTH: WIDTH: STORIES: LIVING AREA SF:  
GARAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION

SIGNS (WALL MOUNT 60 SF TOTAL)

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

SIGN PERMIT

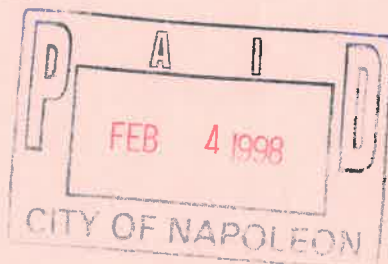
26.00

TOTAL FEES DUE

26.00

DATE

APPLICANT SIGNATURE



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 98022

DATE ISSUED: 01-30-98

JOB LOCATION: 800 INDEPENDENCE DR

OWNER: R & R THREE INC

OWNER PHONE: 517-567-8000

CONTRACTOR: BEACON SIGN COMPANY

CONTRACTOR PHONE: 313-368-3410

WORK DESCRIPTION: SIGNS (WALL MOUNT 60 SF TOTAL)

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: \_\_\_\_\_