THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT 255 W. RIVERVIEW (419) 592-4010

Zoning P	Permit		Page 1 of 1					
Permit Number: ZP2009-27				Printed: 9/29/2009				
ADDRESS	S:	1309	Lagrange St	•				
Applicant Name: Rob Address: 130	ert Swann 9 Lagrange St.			l Date: 5/1/2009				
Owners								
Address: 1309	Robert Swann Lagrange St. bleon, OH 43545			Phone: 419-599-0021 Cellular: 419-966-4300				
Contractors								
Fees and Receip	ots:							
Number	Desc	ription		Amount				
			Total Fees:	\$0.00				
			Total Receipts:	\$0.00				
Replace 12x12	Shed							
PPLICANTS SIGNA	TURE:		DATE:					
V	REMINDER: YOU	MUST CALI	L (419)592-4010 FOR AN					

CITY OF NAPOLEON GENERAL PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTAL CONSTRUCTION INCLUDING BUILDING, ELECTRICAL, PLUMBING, MECHANICAL, DEMOLITIONS & REMODELING

DATE 5-1-09	JOB LOCATION _	1309	LOGRANG	20				
OWNER Robe	MT SWAMM	P		TE	LEPHONI	E#4/	19-599.	-0021
OWNER ADDRESS	1309 Lagra	Uge						
CONTRACTOR Z	Bob SWANIN-	A		CE	LL PHONI	E#47	19-966-	4300
DESCRIPTION OF	WORK TO BE PERFOR	MED						
ESTIMATED COMP	PLETION DATE	ESTIMATED COST						
DESCRIPTION					FEE	то	TAL COST	, ,
Demo Permit			(100.3100	0.46690)	\$100.00	\$		
Fence			•			\$		
Garage and Shed	Under 200 SF (Detached)				\$	V	
Driveway						\$		
Sidewalk/Curbing	3					\$		
Sewer Outside						\$		
				Subtotal:		\$		_
						\$		
				то	TAL FEE:	\$		
	T NO EXCAVATION, CONSTRUC DING STRUCTURE, SIGN, OR PA EIN HAS BEEN APPROVED AND						NSTALLATION ERFORMED (N OR UNTIL THE
I hereby certify that I am the Own application as his/her authorized	er of the named property, or that the p agent and I agree to conform to all ap, al's authorized representative shall ha	roposed work is auth	norized by the Owner of rec	cord and that I	have been author	ized by the		
I HEREBY ACKNOWLED	GE PHAT I HAVE READ ANI	D FULLY UNDE	RSTAND THE ABOV	E LISTED I	NSTRUCTIO	NS.		
SIGNATURE OF APPLICA	K			_	-1-0			
PRINT NAME: BOB	Swann							
BATCH#	C	HECK#		DATE				

