



Zoning Administrator  
Building Commissioner  
Tom Zimmerman

ZC 2010-4

**CITY OF NAPOLEON**  
**Building & Zoning Division**  
255 W. Riverview Avenue, PO Box 151, Napoleon, OH 43545  
Phone: 419-592-4010 - Fax: 419-599-8393

SCANNED

# ZONING PERMIT APPLICATION

FEE: \$50.00\* (MZON 100.3100.46690)

ESTIMATED CONSTRUCTION COST \$ \_\_\_\_\_

ADDRESS OF PROPOSED BUSINESS: Pritchard Home Health and Wellness Ct.

ZONE: \_\_\_\_\_ # OF PARKING SPACES: \_\_\_\_\_ SQ FT OF BUILDING: \_\_\_\_\_

TYPE OF BUSINESS: home health et wellness.

130 Orchard

PROPERTY OWNER: Graben.

PROPERTY OWNER ADDRESS: 15238 Cold Mt Napoleon OH 43545  
\*\*\*\*\*

BUSINESS OWNER: Rachel Lawrence Pritchard

OWNER ADDRESS: 60 Kemans.

OWNER PHONE: 419-270-3582 CELL: 419-270-0621  
\*\*\*\*\*

APPLICANT: Rachel Pritchard PHONE#: 419-270-0621

[Signature] 4-22-10  
SIGNATURE OF APPLICANT DATE

\*Fee may be waived if usage or size of building does not change.

TOM ZIMMERMAN  
ZONING ADMINISTRATOR

DATE

Building/Zoning Use Only		
Batch # _____	Check # _____	Date _____

SCANNED