## THE CITY OF NAPOLEON

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

	wealk/Cu nit Numb	ermit	Page 1 of 2 Printed: 6/14/2010		
ADDRESS: 7			75 Lemans Dr		
Applicant Name: Beck's Construction Address: PO Box 583			<b>Approval Date:</b> 419-592-8307		
Owners					
Name: Address:	Leonard 75 Lema	Sonnenberg ns Dr.			
	Napoleor	n, OH 43545			
Contractors	S				
Contractor Type: General Contract Name: Beck's Constructio Address: PO Box 583		ck's Construction	1	Napoleon, OH 43545	
7 144 41	0001 10	DOX 303		Phone: 419-592-8307	
Fees and F	Receipts:				
Numbe	er	Description	n	Amount	
			Total Fees:	\$0.00	
			Total Receipts:	\$0.00	
replace dr	riveway				
APPLICANTS SIGNATURE:				DATE:	
			CALL (419)592-4010 FOR AN		

## CITY OF NAPOLEON ZONING PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTAL DEMOLITIONS, FENCES, POOLS, SHEDS, SW2010-6 DRIVEWAYS, SIDEWALKS & SEWERS

DATE 6/14/10 JOB LOCATION 75 LAPMIN	is DR.
,	TELEPHONE # 419-592-9371
OWNER ADDRESS 75 Lemons Dr	
CONTRACTOR BECKS CONSTRUCTION	COCELL PHONE # 419-770-0002
DESCRIPTION OF WORK TO BE PERFORMED P/W	act DRIVELLOW
ESTIMATED COMPLETION DATE 6-18-20/0 ESTIM	IATED COST 5000, 80
DESCRIPTION	FEE TOTAL COST
Demo Permit (100,3100	.46690) \$100.00 \$
Fence	0 \$
Pool	0 \$
Garage and Shed Under 200 SF (Detached)	<u> </u>
Driveway	0 3
Sidewalk/Curbing	<u>0</u> S
Sewer Outside	0 \$
	Subtotal: 5
	8
	TOTAL FEE: \$ O
I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OIL STRUCTURAL ALTERATION. ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABLEEMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BY I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of the application as higher authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if the code afficial or the code official's authorized representative shall have the authority to enter areas covered by such applicable to such permit	OVE SHALL BE UNDERTAKEN OR PERPORMED UNTIL THE AULDING/ZONING DEPARTMENT.  cord and that I have been authorized by the Owner to make this to permit for Work described in this application is inseed. I carife that
I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOY	E LISTED INSTRUCTIONS.
SIGNATURE OF APPLICANT:	DATE: 6/14/20/0

CHECK #

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DATE

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PRINT NAME

BATCH #

6920 262 61+:01

GREGORY

4192368393

JUN-14-2010 09:07 From: MAPOLEON CITY