THE CITY OF NAPOLEON

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

Outside Sewer Permit Permit Number: OS2010-10				Page 1 of 2 Printed: 4/27/2010	
			Maumee Ave. W.	1 1111001. 472172010	
Applicant Name: Address		Cordes Plumbing 706 Co Rd Q-1	Approval Dat 419-758-316		
Owners Name: Address:	410	ence Ohlinger St. Rt. 424 bleon, OH 43545			
Contractors					
Name: Bob Co		Plumber Bob Cordes Plumbing 17-706 Co Rd Q-1	Napo	Napoleon, OH 43545	
Face and F	Phone: 419-758-3162				
Fees and F Numbe		ots: Description		Amount	
			Total Fees:	\$0.00	
			Total Receipts:	\$0.00	
Sewer Re	pair				
APPLICANTS SIGNATURE:			DA	TE:	
			ALL (419)592-4010 FOR AN INSP		

CITY OF NAPOLEON ZONING PERMIT APPLICATION

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

DATE 4 27-10.	JOB LOCATION	W Maumee						
OWNERClase	OWNER Clarence - Offlinger TELEPHONE # 592 7117							
OWNER ADDRESS	410 Str 429	Maplin						
CONTRACTOR Bollows CELL PHONE # 419. 4390240								
DESCRIPTION OF WOR	K TO BE PERFORMED	Lewer Repair						
ESTIMATED COMPLETI	ION DATE	ESTIMATED CO	OST	00.00				
DESCRIPTION			FEE	TOTAL COST				
Demo Permit		(100.3100.46690)	\$100.00	\$				
Fence			0	\$				
Pool			0	\$				
Garage and Shed Unde	er 200 SF (Detached)		0	\$				
Driveway			0	\$				
Sidewalk/Curbing			0	\$				
Sewer Outside			0	\$ 0				
4		Subtotal:		\$				
÷-,				\$				
		тот	TAL FEE:	\$				
ALTERATION OF ANY BUILDING	EXCAVATION, CONSTRUCTION OR STRU STRUCTURE, SIGN, OR PART THEREOF A AS BEEN APPROVED AND ISSUED BY THI	AND NO USE OF THE ABOVE SHALL B	E UNDERTAK	EN OR PERFORMED UNTIL THE				
application as his/her authorized agent a	ne named property, or that the proposed work is a und I agree to conform to all applicable laws of th thorized representative shall have the authority to	e iurisdiction. In addition, if a permit for Wo	ork described in i	his application is issued I certify that				
I HEREBY ACKNOWLEDGE T	HAT I HAVE READ AND FULLY UND	ERSTAND THE ABOVE LISTED I	NSTRUCTIO	NS.				
SIGNATURE OF APPLICANT:	Tel la de	DATE: 4	1-2	7-10				
PRINT NAME: Bo	B COPDE 5			name and t				
BATCH#	CHECK#	DATE	1-27-1	0				



