CITY OF NAPOLEON ZONING PERMIT APPLICATION

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

DATE 10-13-15 JOB LOCATION 675	W MAWMEE	JUE .		
OWNER ROB ELLING	TE	TELEPHONE #_		
OWNER ADDRESS 675 W MAUMER NAPOLEON AT 43545				
CONTRACTOR Holgate humber CELL PHONE # 419-966-2178				
DESCRIPTION OF WORK TO BE PERFORMED FERCE AROUND PAUL				
ESTIMATED COMPLETION DATE 16- 70-15 ESTIMATED COST 9,000				
DESCRIPTION		FEE	TOTAL CO)et
Demo Permit	(100.3100.46690)	\$100.00	\$	731
Fence	(100.3100.46690)	\$25.00	\$ \$	
Pool	(100.3100.46690)	\$25.00	\$ 25,00	6
Garage and Shed Under 200 SF (Detached)	(100.3100.46690)	\$25.00	\$	
Driveway		0	\$	
Sidewalk/Curbing		0	\$	
Sewer Outside		0	\$	
	Subtotal:		\$	
			\$	
		TAL FEE:	\$ 25,00	1
De are not removing existing Chain link fence, Installing new past fence				
De are not removing existing Chair link fence, Installing new past fence on and off Cornerate Patrio Deck. Existing fine may or may not be removed				
of Dure if home owner is removing or not.				
I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BUILDING/ZONING DEPARTMENT.				
I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of record and that I have been authorized by the Owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for Work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.				
I HEREBY ACKNOWLEDGE THAT HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.				
SIGNATURE OF APPLICANT: Die DATE: 10-13-15				
PRINTNAME: BRIAN D. TILSE	•			
BATCH# 33024 CHECK# (ash Date /	0-14-15		