## CITY OF NAPOLEON RESIDENTIAL ZONING PERMIT APPLICATION

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

DATE 5/2/2014 JOB LOCATION 985 Meli	ody lane				
OWNER Jill Petee		TELEPHONE # 419-705-0073			
OWNER ADDRESS 985 Melody Lane					
CONTRACTOR Brothers	CELL PHONE # 419-705-007				
DESCRIPTION OF WORK TO BE PERFORMED Fence	e in backua	rd.			
	3			,	
ESTIMATED COMPLETION DATE 5 31 14 ESTIMATED COST \$ 1500.00					
		/			
DESCRIPTION		FEE	,	TOTAL COST	
Demo Permit	(100.3100.46690)	\$100.00	\$		
Fence	(100.3100.46690)	\$25.00	\$	25.00	
Pool	(100.3100.46690)	\$25.00	\$		
Garage and Shed Under 200 SF (Detached)	(100.3100.46690)	\$25.00	\$		
Driveway		0	\$		
Sidewalk/Curbing		0	\$		
Sewer Outside		0	\$		
	Subtotal:		\$		
			\$		
TOTAL FEE:		\$	25.00		
I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTU ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND N PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CIT	O USE OF THE ABOVE SHALL I	RE UNDERTAI	CENO	R PERFORMED UNTIL THE	
I hereby certify that I am the Owner of the named property, or that the proposed work is authorized application as his/her authorized agent and I agree to conform to all applicable laws of the juris	zed by the Owner of record and that I	have heen author	rized h	v the Owner to make this	

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 I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.

SIGNATURE OF APPLICANT:

DATE: 5 2 14

PRINT NAME:

DATE: 5 2 14

PERMIT # BATCH # 2999 CHECK # 4499 DATE 5 2 14

