





City of Napoleon Building Department

255 W. Riverview P.O. Box 151 Napoleon, OH 43545 Phone: (419) 592-4010

Fax: (419) 599-8393

Email:

Sidewalk/Curb Replacement

Permit Number:

P-17-0353

Expiration Date:

10/04/2018

NAGEL, EDNA 7 PARK LANE DR

Napoleon, OH

Description:

\$0.00

Sidewalk/Curbing

0.00 x \$0.0000

Building Permit Info

Project Description:

Sidewalk replacement

Construction Value: \$8,600.00

Mark B. Spiess
Authorizing Signature

Date

CITY OF NAPOLEON ZONING PERMIT APPLICATION

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

DATE 9.7-17 J	OB LOCATION PACK	Lane #7				
OWNER Edna		TELEPHONE #				
OWNER ADDRESSS	iame			- "-		
CONTRACTOR_BU	K maughg	CE	LL PHON	E#	419-966-1	10888
DESCRIPTION OF WORK	TO BE PERFORMED 51d					
ESTIMATED COMPLETION DATE 9-22-17 ESTIMATED COST 8600-07						
DESCRIPTION			FEE	,	POTAL GOOT	
Demo Permit		(100.3100.46690)	\$100.00	\$	FOTAL COST	
Fence			\$25.00	\$		3
Pool			\$25.00	\$		9
Garage and Shed Under	200 SF (Detached)		\$25.00	\$		
Driveway			0	\$		
Sidewalk/Curbing			0	<u> </u>	0	
Sewer Outside			0	\$		(
		Subtotal:		\$	G	
				\$		
		тот	AL FEE:	\$	0	
PERMIT APPLIED FOR HEREIN HAS B I hereby certify that I am the Owner of the nam application as his/her authorized agant and I	AVATION, CONSTRUCTION OR STRUCTUR UCTURE, SIGN, OR PART THEREOF AND NO EEN APPROVED AND ISSUED BY THE CITY ned property, or that the proposed work is authorized agree to conform to all applicable laws of the inriedi	OF NAPOLEON BUILDING/ZON d by the Owner of record and that I he	E UNDERTAK ING DEPART ive been authori	EN OR MENT. ized by t	PERFORMED UNTIL	
the code official or the code official's authoriz applicable to such permit.	ed representative shall have the authority to enter an	reas covered by such permit at any red	k described in this sonable hour to	his appli enforce	ication is issued, I certify the provisions of the coo	that de(s)
1 JEKEBY AUKNOWLEDGE THAT	I HAVE READ AND FULLY UNDERSTA	AND THE ABOVE LISTED IN	STRUCTIO	NS.		
SIGNATURE OF APPLICANT:		DATE:				
PRINT NAME:					-	
BATCH#_	CHECK#	DATE				