



**CITY OF NAPOLEON**  
**BUILDING & ZONING DEPARTMENT**  
 255 W. Riverview Avenue, PO Box 151, Napoleon, OH 43545  
 Phone: 419-592-4010 - Fax: 419-599-8393

**NUISANCE ABATEMENT COMPLAINT FORM**

DATE: 05/23/2012

**COMPLAINANT INFORMATION:**

Your Name: Larry Farquharson

Your Address: 736 Park St.

Your Phone Number: (419) 966-5055

**NAME OF PROPERTY OWNER(S) WHO IS/ARE CAUSING NUISANCE:**

Sharon Kent (lives in Colorado)

Address (if known): 744 Park St. - Corinna Wagner is resident

Phone Number (if known): 419-575-9844

Physical Location of Property: \_\_\_\_\_

*Shannon Kent  
 9720 Beryl Dr.  
 Peyton, Co. 80831  
 no phone # listed*

**What is the type of problem at the address (please check all that apply)?**

- Accumulation of junk, debris, trash
- Yard waste (such as tree limbs in yard)
- Interior Conditions (leaking pipes, etc.)
- Vehicle(s) parked on grass, appear inoperable, in right-of-way, private property, unlicensed/abandoned
- Grass/Weeds are over 8" high
- Tree or shrub branches blocking sidewalk
- Other

**DESCRIPTION OF COMPLAINT (Please further explain your complaint in detail and provide as much information as possible about the property you are filing a complaint against. Use the back of this form if additional space is required and attach any pictures if available.)**

~~weeds are all around. Weeds are up to the gutters on garage and back of building. Lawn is being mowed, but the weeds are the problem.~~

*\* Unruly people ... may need police back up.*

Would you like to be contacted regarding follow-up of this complaint? Yes/No (circle one)

Larry Farquharson  
 Complainant Signature

5-23-2012  
 Date

P E R M I T

CITY OF NAPOLEON  
255 W. RIVERVIEW AVE  
NAPOLEON, OHIO 43545

DIVISION OF BUILDING & ZONING  
PH (419) 592-4010  
FAX (419) 599-8393

PERMIT NO: 99211

DATE ISSUED: 06-24-99

ISSUED BY: MBS

JOB LOCATION: 744 PARK ST

EST. COST: 500.00

LOT #:

SUBDIVISION NAME:

OWNER: TEJKL, ELIZABETH  
ADDRESS: 744 PARK ST  
CSZ: NAPOLEON, OH 43545  
PHONE: 419-599-0776

AGENT: SELF  
ADDRESS:  
CSZ:  
PHONE:

USE TYPE - RESIDENTIAL:

OTHER:

ZONING INFORMATION

DIST: LOT DIM: AREA: FYRD: SYRD: RYRD:  
MAX HT: # PKG SPACES: # LOADING SP: MAX LOT COV:

BOARD OF ZONING APPEALS:

WORK TYPE - NEW: REPLMNT: X ADD'N: ALTER: REMODEL:

WORK INFORMATION

SIZE - LGTH: WIDTH: STORIES: LIVING AREA SF:  
GARAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

WORK DESCRIPTION

ELECTRIC METER BASE REPLACEMENT

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
ELECTRICAL PERMIT		15.00

TOTAL FEES DUE 15.00

June 24 1999  
DATE

Elizabeth G. Light  
APPLICANT SIGNATURE

