

PKH-11-0187



CITY OF NAPOLEON

Building & Zoning Division

255 W. Riverview Avenue, PO Box 151, Napoleon, OH 43545

Phone: 419-592-4010 - Fax: 419-599-8393

Zoning Administrator
Building Commissioner
Tom Zimmerman

ZONING PERMIT APPLICATION

ADDRESS OF PROPOSED BUSINESS: 595 559 E. Riverview

BUSINESS OWNER: Kurt ~~Stink~~ Steink

OWNER ADDRESS: 324 1/2 E. Clinton, Napoleon, OH 43545

OWNER PHONE: 617-458-6496 CELL: _____

PROPERTY OWNER: Laura Johnson

PROPERTY OWNER ADDRESS: 1125 Chesterfield, Napoleon, OH

PROPERTY OWNER PHONE: 419-592-7561 CELL: _____

NEW BUSINESS USE: Karate

ESTIMATED CONSTRUCTION COST \$ None

ZONE: _____ # OF PARKING SPACES: _____ SQ FT OF BUILDING: _____

PREVIOUS BUSINESS USE: Henry Co. Hospital Physical Therapy

ADDRESS PERMIT SHOULD BE SENT TO:

563 E. Riverview

APPLICANT: Laura Johnson PHONE#: 419-592-7561

FEE: \$50.00 (Fee may be waived if usage or size of building does not change. MZON 100.3100.46690)

Laura Johnson
SIGNATURE OF APPLICANT

10-12-11
DATE

TOM ZIMMERMAN
ZONING ADMINISTRATOR

DATE

Building/Zoning Use Only			
Permit #	<u>PKH-11-0187</u>	Batch #	_____
Check #	_____	Date	<u>10-17-11</u>