THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT 255 W. RIVERVIEW (419)592-4010

201	ning Residential Per	rmit		Page 1 of 1		
Permit Number: ZR2010-25				Printed: 9/22/201		
ADI	DRESS:	954 Riv	erview Ave	. E.		
Applicant Name:	Fred Bockelman		Approval Date: 419-599-5275			
Address	: 954 E. Riverview Av	⁄e		3-0273		
Owners						
Name: Address:	Fred Bockelman 954 E. Riverview Ave	e	Phone:	419-599-5275		
	Napoleon, OH 43545	5				
Contractor	'S					
Fees and	•					
Numb	er De	escription		Amount		
			Total Fees:	\$0.00		
			Total Receipts:	\$0.00		
rebuild ex	kisting building					
APPLICANTS SIGNATURE:				DATE:		
	REMINDER: YO	OU MUST CALL	(419)592-4010 FOR AN	INSPECTION		

'CITY OF NAPOLEON ZONING PERMIT APPLICATION

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

DATE 9-27-10 JOB I	OCATION	E. RIVER	EVIEW	/		
OWNER FRED	BOCKELM	AN	TELEPHONE	# 419 599 \$ 038		
OWNER ADDRESS 959	1 B. RIVE	OVIEW N	MPOLE	ey/		
CONTRACTOR SEL	F		CELL PHONE #			
DESCRIPTION OF WORK TO	BE PERFORMED	EBUILD !	EXISTI	NO BUILDING		
ESTIMATED COMPLETION I	ESTIMATE	ESTIMATED COST \$\frac{4}{200}\frac{2}{2}				
DESCRIPTION			FEE	TOTAL COST		
Demo Permit		(100.3100.4669	0) \$100.00	\$		
Fence			0	\$		
Pool			0	\$		
Garage and Shed Under 200	SF (Detached)		0	\$ ×		
Driveway			0	\$		
Sidewalk/Curbing			0	\$		
Sewer Outside			0	\$		
		Subt	otal:	\$		
				\$		
			TOTAL FEE:	\$		
	2					
I FULLY UNDERSTAND THAT NO EXCA ALTERATION OF ANY BUILDING STRUC PERMIT APPLIED FOR HEREIN HAS BEI	CTURE, SIGN, OR PART THEREOF	AND NO USE OF THE ABOVE SE	IALL BE UNDERTA	KEN OR PERFORMED UNTIL THE		
I hereby certify that I am the Owner of the name application as his/her authorized agent and I ag the code official or the code official's authorized applicable to such permit.	ree to conform to all applicable laws of ti	he iurisdiction. In addition, if a permi	t for Work described in	this application is issued. I cortify that		
I HEREBY ACKNOWLEDGE THAT I	HAVE READ AND FULLY UNI	DERSTAND THE ABOVE LIS	TED INSTRUCTION	ONS.		
SIGNATURE OF APPLICANT:	C Choole	DATI	9-27	2-10		
PRINT NAME: FRED	e BOCKER	man				
BATCH#_	CHECK#	DAT	E			

954 Edwarma 968 980 954 E. Riverview