

City of Napoleon, Ohio

Zoning Department 255 West Riverview Avenue, P.O. Box 151

Napoleon, OH 43545 Mark B. Spiess, Senior Engineering Technician / Zoning Administrator Telephone: (419) 592-4010 Fax: (419) 599-8393 www.napoleonohio.com

RESIDENTIAL PERMIT

Issued Date:

September 21, 2018

Expiration Date:

September 21, 2019

Permit Number:

P-18-175

Job Location:

530 Rohm

Owner:

Todd Kruse

530 Rohm

Napoleon, OH 43545

Contractor:

EverDry Waterproofing

Zone: R-1 Suburban Residential

Set Backs: Principle Building

Front: None Rear: None Side: None

Comments: Waterproofing

Permit Type: Zoning Permit

Fee: \$25.00

Status: Paid

Amount Due: \$0.00

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Residential Zoning Permit Application

| Date 9-21-18 Job Location 530 Rohm | | | | | | |
|---|---------------|--|--|--|--|--|
| Owner Tonn kruse Telephone # 419-438- | 5492 | | | | | |
| Owner Address 5 30 Rohm | | | | | | |
| Contractor Euroliz water profing Cell Phone # 419-467-3156 | | | | | | |
| Description of Work to be Performed water proofing | | | | | | |
| Estimated Completion Date 10-21-18 Estimated Cost 16, 268.00 | | | | | | |
| | TOTAL COST | | | | | |
| Demo Permit - \$100.00 - See Separate Form (MDEMO 100.1700.46690) | \$ | | | | | |
| Zoning Permit - \$25.00 (MZON 100.1700.46690) | \$ 2500 | | | | | |
| Fence - \$25.00 (MZON 100.1700.46690) | \$ | | | | | |
| Pool - \$25.00 (MZON 100.1700.46690) | \$ | | | | | |
| Accessory Building Under 200 SF (Detached) - \$25.00 (MZON 100.1700.46690) | \$ | | | | | |
| Decks - \$25.00 (MZON 100.1700.46690) | \$ | | | | | |
| Driveway/Sidewalk/Curbing/Patio - \$0.00 | \$ | | | | | |
| Drainage Permit/Outside Water/Sewer Repair - \$0.00 | \$ | | | | | |
| 1" Water Tap, 5/8" Meter, Copper Setter and Transmitter - \$1,200.00(Outside City - \$5,680) (MBLDG 510.0000.44730) | \$ | | | | | |
| 1" Water Tap, 3/4" Meter, Copper Setter and Transmitter - \$1,300.00(Outside City - \$5,820) (MBLDG 510,0000,44730) | | | | | | |
| 1" Water Tap, 1" Meter, Copper Setter and Transmitter - \$1,400.00 (Outside City - \$5,960) (MBLDG 510.0000.44730) | \$ | | | | | |
| 1" Meter, Copper Setter and Transmitter Without Tap - \$525.00 (MBLDG 510.0000.44730) | \$ | | | | | |
| 3/4" Meter, Copper Setter and Transmitter Without Tap - \$440.87 (MBLDG 510.0000.44730) | \$ | | | | | |
| 5/8" Meter, Copper Setter and Transmitter Without Tap - \$350.00 (MBLDG 510.0000.44730) | \$ | | | | | |
| Sewer Tap For Lots 7,200 Sq. Ft. Or Less - \$87.00 (MBLDG 520.0000.44830) | \$ | | | | | |
| Sewer Tap For Lots 7,201 To 12,414 Sq. Ft. (x \$0.012083) (MBLDG 520.0000.44830) | \$ | | | | | |
| Sewer Tap For Lots 12,416 Sq. Ft. Or Greater - \$150.00 (MBLDG 520.0000.44830) | \$ | | | | | |
| Sewer Tap Inspection Fee For All Lots - \$60.00 (MBLDG 520.0000.44830) | \$ | | | | | |
| TOTAL REE | \$ 1500 | | | | | |
| I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON 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. | | | | | | |
| BATCH# DATE: 9-21-18 | | | | | | |



WORK CARD

| Confirmed | H | W | | | | |
|------------------|-----|-----|-------|-----------|-------|--|
| Customer's N | ame | | Todd | 6 Kathy | Knsc | |
| Customer's Ad | / | | 590 | , | | |
| City, State, Zip | مر | Un, | phasy | c 4. | 43545 | |
| Primary Phon | | • | | 4138- 549 | - | |

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|--------------------|--|--|
| | | |
| Secondary Phone #: | | |

Katherine Krise A) I Claud , down

Cross Roads / Landmarks:

| URGENT: FOR OFFICIAL PROCESSING | | | | | |
|---------------------------------|-----------------------------|--|--|--|--|
| Inspector: Ge Y | Production Supervisor: T:22 | | | | |
| Order Processor: 11:54 | Materials Drop Ship | | | | |
| Office Mgr.: C ! (| Foreman | | | | |
| BHA Certified | Quality Control | | | | |
| | | | | | |

The No.1 Choice

