



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

KH 13-0116
Sign

APPLICATION FOR SIGN PERMIT

LOCATION OF PROPERTY: 1255 SCOTT ST. SUITE 340

OWNER NAME: TRI STATE MEDICAL SUPPLY PHONE: 419-337-2399

OWNER ADDRESS: 732 S. SHOOP AVE WAUSEON, OH 43567

CONTRACTOR NAME: FRONT STREET SIGN PHONE: 419-592-9806

IS CONTRACTOR REGISTERED WITH THE CITY OF NAPOLEON? YES NO

SIGN INFORMATION

TYPE: POST WALL GROUND AWNING

DIMENSIONS: SEE ATTACHED = TOTAL S.F. 49.55

** PLEASE INCLUDE ANY AND ALL SITE PLANS AND PLANS OF ABOVE SIGNS.

FEES:

\$35.00 BASE UP TO 50 S.F. OF SIGN, PLUS \$0.20 PER ADDITIONAL S.F., NOT TO EXCEED \$150.00 (100-3100-46610)

\$5.00 FLAT FEE FOR TEMPORARY SIGNS, TEMPORARY SPECIAL EVENT SIGNS, AND PORTABLE SIGNS OTHER THAN THOSE EXEMPT FROM FEE. (SEE BELOW)

NO FEE REQUIRED FOR TEMPORARY AND EASILY REMOVABLE 1ST AMENDMENT SIGNS, OR SIGNS RELATED TO RELIGIOUS OR CHARTIABLE CAUSES OR EVENTS.

ESTIMATED CONSTRUCTION COST \$ 2,000.00

R. Scherer
APPLICANT SIGNATURE
RICHARD SCHERER

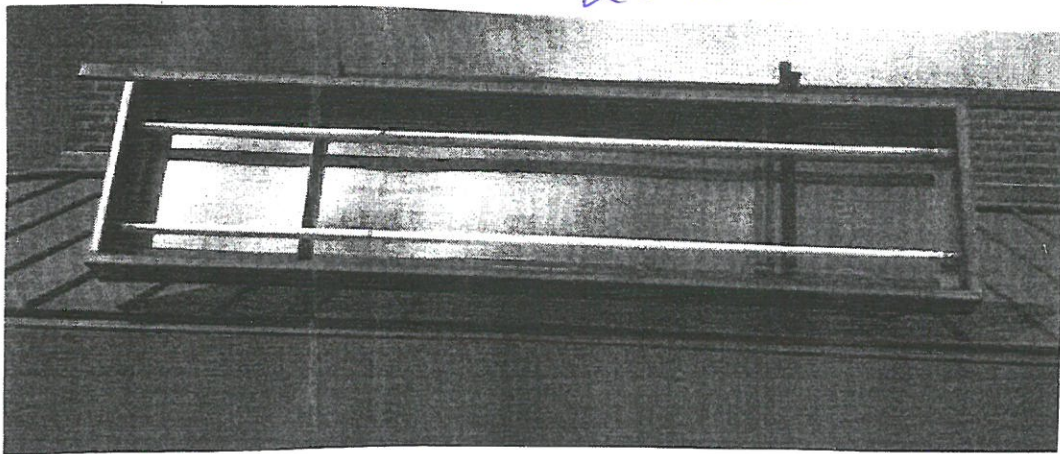
3-22-2013
DATE

Batch _____ Check 42116 Date 3-25-13

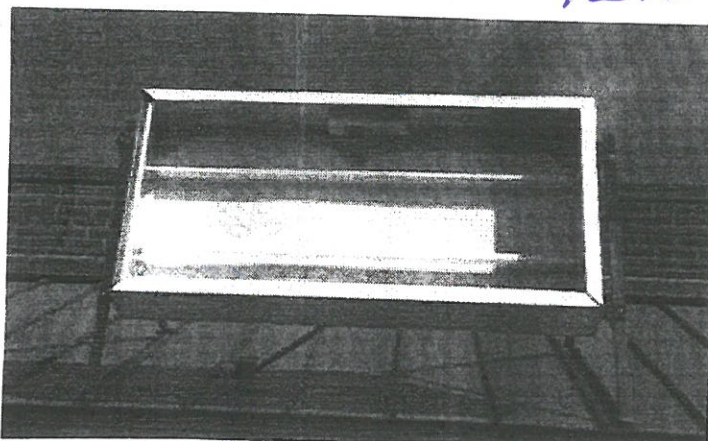


PLYLON SIGN
AREA TO BE LETTERED
13.3 CU FT

AWNING SIGN
23.75 CU FT.



AWNING SIGN
12.5 CU. FT



Wood County Building Inspection
(419) 354-9190 FAX: (419) 373-6786

File Number 13-000529

Permit#: C13-000093

Project Name: Commercial Health and Safety

Work Description: Health & Safety - TRI STATE MEDICAL SUPPLY

Site Location for Inspection
1255 SCOTT STREET SUITE 340
NAPOLEON OH 43545

Additional Permits and Applicants:

Jurisdiction: Napoleon Corp.

Approx. Location:

County: Henry

Circuits:

Fixtures:

Permit Holder

Richard Scherer
732 S Shoup Ave
Wauseon, OH 43567

Owner

TRI STATE MEDICAL SUPPLY
1255 SCOTT ST
NAPOLEON OH 43545

Last Inspection Type:

Result

Last Inspection Date:

Inspection Type: Health and Safety Inspection

Notes: meet on site 1:30 - 2 pm

Inspector: Mike Rudey

Due Date: 03/22/2013

Result: Pass Partial Pass Fail Cancel Not Ready Consultation

Date Inspected: 3/22

Inspector Remarks:

Completed By: MR

1. check all exit/emergency lights for working
ORDER, check BATTERIES/LIGHT BULBS.

2. PROVIDE GRABRAILS / DISPENSORS FOR mens restroom.

3. PROVIDE 2 - FIRE EXTINGUISHERS.

* NOTE: MECHANICAL PERMITS WILL BE REQUIRED
FOR THE REPLACEMENT OF EXISTING ROOF TOP UNITS