



Zoning Administrator
Building Commissioner
Tom Zimmerman

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

KH-13-0110

ZONING PERMIT APPLICATION

ADDRESS OF PROPOSED BUSINESS: 1255 Scott St. Suites 340
 BUSINESS OWNER: TRI STATE MEDICAL SUPPLY
 OWNER ADDRESS: 732 South Shoop Avenue
 OWNER PHONE: 419-337-2399 CELL: _____
 PROPERTY OWNER: Brixmor
 PROPERTY OWNER ADDRESS: Two Tower Bridge One Fayette Street #150
Conshohocken, PA 19328
 PROPERTY OWNER PHONE: 610-825-7100 CELL: _____
 NEW BUSINESS USE: Durable medical equipment and
Medical Supplies
 ESTIMATED CONSTRUCTION COST \$ _____
 ZONE: C-4 # OF PARKING SPACES: N/A SQ FT OF BUILDING: 2500
 PREVIOUS BUSINESS USE: _____

N/C

ADDRESS PERMIT SHOULD BE SENT TO:
732 South Shoop Avenue, Wauseon, OH 43567

APPLICANT: Richard Scherer PHONE#: 419-337-2399
419-467-1572 (cell)

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

[Signature]

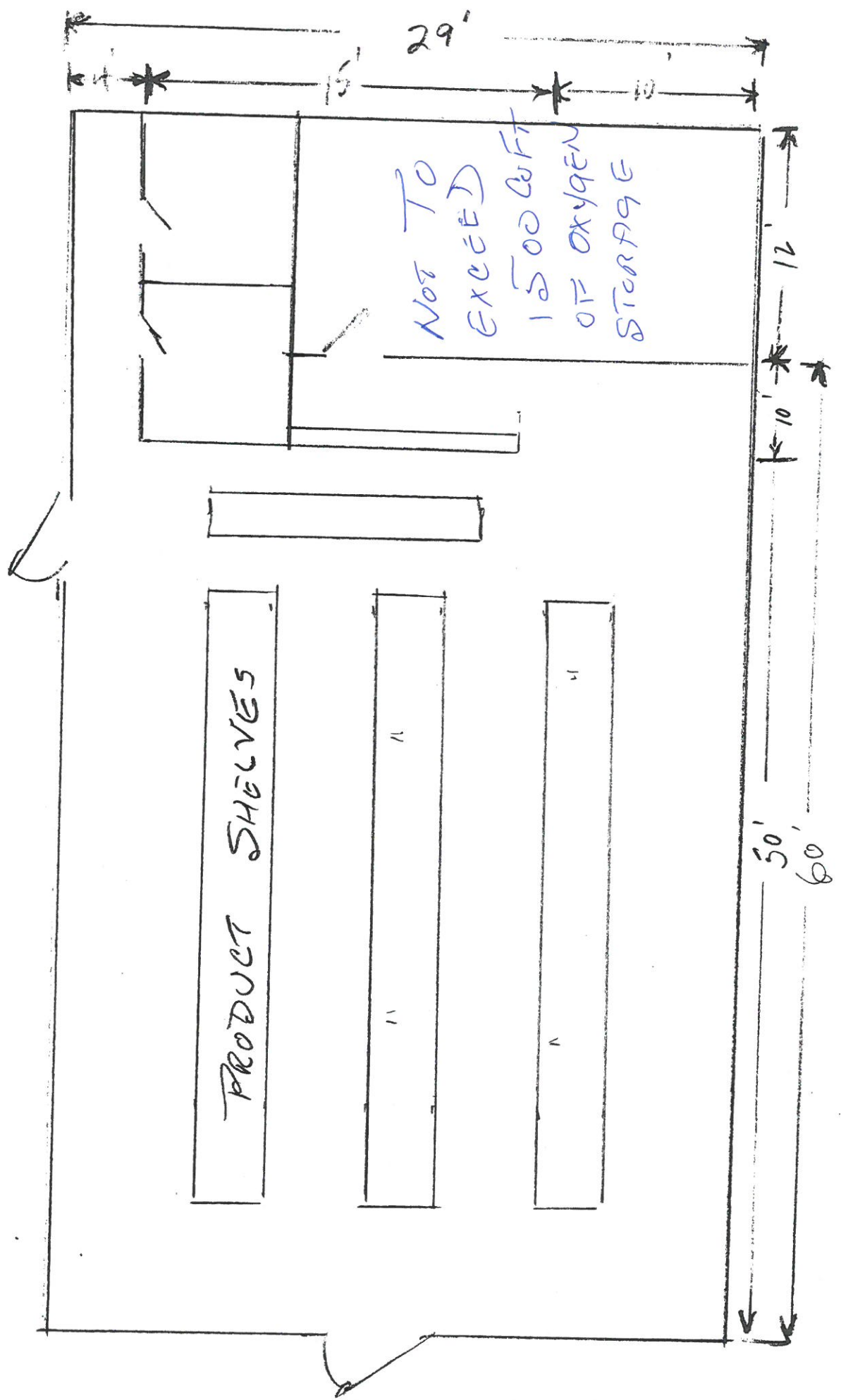
3/15/2013
DATE

SIGNATURE OF APPLICANT
599-Care (when phone is hooked up)
2273

TOM ZIMMERMAN
ZONING ADMINISTRATOR

DATE

Building/Zoning Use Only			
Permit # _____	Batch # _____	Check # _____	Date _____



Suite 400
1400
Suite 100

1340

1320

1300

1232

Scott Street

1405

1401

1255 Suite 380
1255 Suite 370
1255 Suite 360
1255 Suite 350
1255 Suite 340

1255 Suite 310 Suite 320

1247

1225

1223

1205