



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

COMMERCIAL PERMIT

Issued Date: September 21, 2018

Expiration Date: September 21, 2019

Permit Number: P-18-177

Job Location: 1412 Scott St.

Owner: Darlene Steiner
1412 Scott St.
Napoleon, OH 43545

Contractor: New Signs Ohio, LLC
419-228-7446

Zone: C-4 Planned Commercial

Set Backs: Principle Building

Front: None Rear: None Side: None

Comments:
120" x 72" Post Sign

Permit Type: Sign

Fee: \$37.00

Status: Paid

Amount Due: \$0.00

Mark B. Spiess
Sr. Eng. Tech / Zoning Admin.



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

2-18-177

APPLICATION FOR SIGN PERMIT

LOCATION OF PROPERTY: 1412 Scott St.

OWNER NAME: Darlene Steiner, Trustee PHONE: _____

OWNER ADDRESS: 1412 Scott St

CONTRACTOR NAME: New Signs Ohio LLC PHONE: 419-228-7446

IS CONTRACTOR REGISTERED WITH THE CITY OF NAPOLEON? YES NO

SIGN INFORMATION

TYPE: POST WALL GROUND AWNING

DIMENSIONS: 120" x 72" = TOTAL S.F. 60

** 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 \$ 37

[Signature]
 APPLICANT SIGNATURE

8-30-18
 DATE

Batch 39771 Check None Date 9-21-18

Date: 8-22-18
Drawing #:

Rev. No.:
Rev. Date:
Quote / Job #: Q18-208

Sign Description / Concept:
Remove the 2 existing, pan formed faces w/ the Digital Message Center and install 2 new, pan formed faces (painted - 2nd surface). Paint the cabinet and pole if requested.

Vinyls & Color Specs:
Fonts:

THIS DESIGN IS THE EXCLUSIVE PROPERTY OF SIGNSOHIO - A RESULT OF THE ORIGINAL WORK OF ITS EMPLOYEES. THIS DESIGN IS SUBMITTED TO YOUR COMPANY FOR THE SOLE PURPOSE OF OBTAINING CONSIDERATION TO PURCHASE THIS DESIGN. YOUR COMPANY AGREES TO SIGN OHIO A SIGN MANUFACTURER FROM THIS DESIGN. DISTRIBUTION OR EXHIBITION OF THIS DESIGN TO ANYONE OTHER THAN EMPLOYEES OF YOUR COMPANY, OR USE OF THIS DESIGN TO CONSTRUCT A SIGN OF ANY KIND, INCLUDING BUT NOT LIMITED TO EXPRESSLY FOR THE MODEL, EMBROIDERED, HERIN IS SUCH EXHIBITION OCCURS, SIGNSOHIO EXPECTS TO BE REIMBURSED \$500.00 IN COMPENSATION FOR THE TIME AND EFFORT ENTAILED IN CREATING THESE PLANS.
©Copyright 2018, by SignsOhio.com

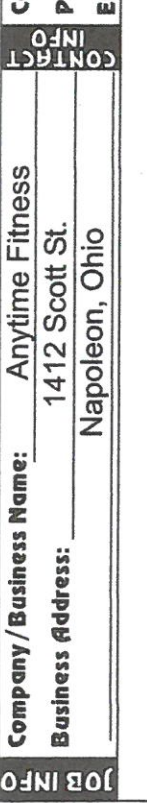
Company / Business Name: Anytime Fitness
Business Address: 1412 Scott St. Napoleon, Ohio

Contact Name: Dave Sabo
Phone: 614-558-0061
Email: david.sabo@anytimefitness.com

Prepared By: MWL

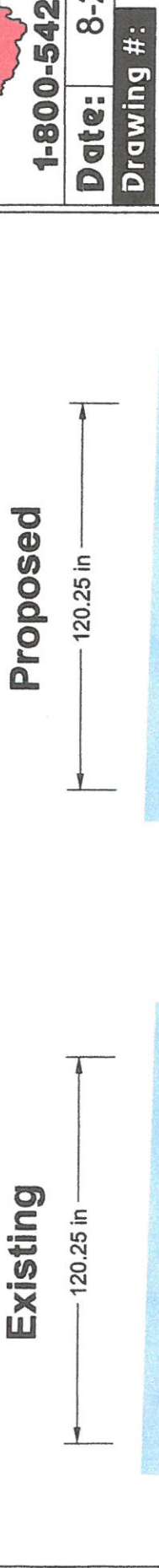
Notes:

Existing
120.25 in



(2) Pan formed faces
Trim size: 120.25" x 72.25"
Retainer: 1.5"
Flange: 2.5"
Depth of Pan: 1.5"
Message Center: 3/4" Pan; 83" wide x 18.375" tall

Proposed
120.25 in



Design Accepted by:
Client's Signature:

Date:

Approved as is **Approved with Notes:**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/5/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Overmyer Hall Associates 1600 W Lane Ave, Ste 200 Columbus OH 43221	CONTACT NAME: Hope Gee PHONE (A/C, No, Ext): 614-453-4400 FAX (A/C, No): 614-453-9360 E-MAIL ADDRESS: lsharples@oh-ins.com														
INSURED New Signs Ohio LLC 5560 Bellfountain Road State Route 117 Lima OH 45804	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Westfield Insurance</td> <td style="text-align: center;">24112</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Westfield Insurance	24112	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES **CERTIFICATE NUMBER:** 1997818107 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																				
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CWP5183576	12/28/2017	12/28/2018	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 500,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 1,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	MED EXP (Any one person)	\$ 1,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$						
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A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	CWP5183576	12/28/2017	12/28/2018	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">PER STATUTE</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">OTH-ER</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">OH Stop Gap</td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td></td><td></td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td></td><td></td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td></td><td></td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	PER STATUTE	<input checked="" type="checkbox"/>	OTH-ER	<input type="checkbox"/>	OH Stop Gap	E.L. EACH ACCIDENT				\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE				\$ 1,000,000	E.L. DISEASE - POLICY LIMIT				\$ 1,000,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER City of Napoleon Building & Zoning Division 255 W Riverview Ave PO Box 151 Napoleon OH 43545	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Ohio

**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Ohio Workers' Compensation

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer
80002869

Period Specified Below
07/01/2018 to 07/01/2019

New Signs Ohio LLC
5560 BELLEFONTAINE RD
LIMA, OH 45804-4393



www.bwc.ohio.gov
Issued by: BWC


Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Effective Oct. 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.

Ohio

**Bureau of Workers'
Compensation**

You must post this language with the Certificate of Ohio Workers' Compensation.