

## 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:

January 15, 2019

**Expiration Date:** 

January 15, 2019

Permit Number:

P-19-002

Job Location:

1420 Scott St.

Owner:

Wild Bill's Tobacco

1100 W. Maple Rd

Troy, MI 48084

Contractor:

Sign Emporium

586-576-7901

Zone: C-4 Planned Commercial

Set Backs: Principle Building

Front: None Rear: None Side: None

SCANNED

Comments:

27" x 244" Wall Sign

Permit Type: Sign

Fee: \$35.00

Status: Paid

Amount Due: \$0.00

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

### APPLICATION FOR SIGN PERMIT

LOCATION OF PROPERTY: 1420 Scott St
OWNER NAME: Wild Bill's Tobacco PHONE: 248-647-9999
OWNER ADDRESS: 1100 W Maple Rd
CONTRACTOR NAME: Kal Massour PHONE: 586-576-7901
IS CONTRACTOR REGISTERED WITH THE CITY OF NAPOLEON? YES NO
SIGN INFORMATION
TYPE: POST > WALL GROUND AWNING
DIMENSIONS: = TOTAL S.F. 45
** 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 ADDTITIONAL 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 REQURED FOR TEMPORARY AND EASILY REMOVABLE 1 <sup>ST</sup> AMENDMENT SIGNS, OR SIGNS RELATED TO RELIGIOUS OR CHARTIABLE CAUSES OR EVENTS.
ESTIMATED CONSTRUCTION COST \$
APPLICANT SIGNATURE DATE
Batch 40418 Check 8033 Date 15-19



ENHANCED CHAUFFEUR LICENSE

M 526 468 001 445 006 06-14-1963

KHALED MANSOUR 3773 NUTCRACKER CT OXFORD, MI 48370-2627

Sex M Hgi 510 EyusHAZ Lic Type E,C End NONE

Restrictions NONE

06-14-1963

ISS 03-15-2016 EXP 06-14-2019

DO 0067929822164



City of Detroit

Buildings, Safety Engineering and Environmental Department 402 Coleman A. Young Municipal Center Detroit, MI 48226 313-224-3168

Receipt

Issued to:

SIGN EMPORIUM INC (2018) 11035 E 9 MILE RD. WARREN, MI 48089

License Number LIC2005-00099

Date Issued 12/4/2017 Expiration Date: 12/31/2018 Sign Erectors License

20-4352760

Fee Amount: \$ 143.00 20

City of Detroit

Buildings, Safety Engineering & Environmental Department 402 Coleman A. Young Municipal Center, Detroit, Mt 48226

License Number LIC2005-00099

Sign Erectors License

SIGN EMPORIUM INC (2018) is duly licensed as indicated hereon in accordance with the applicable city ordinances.

Master Name: KHALED MANSOUR B22436

Expires: 12/31/2018

Bavid Bell , Director



City of Detroit

Buildings, Safety Engineering & Environmental Department 402 Coleman A. Young Municipal Center Detroit, MI 48226

This is to certify that SIGN EMPORIUM INC (2018) is qualified to perform the functions of the license listed below and is duly licensed as indicated hereon in accordance with the applicable city ordinances.

Fee amount:

\$ 143.00

Issued: 12/4/2017 Expires: 12/31/2018 License Number LIC2005-00099

SIGN EMPORIUM INC (2018) 11035 E 9 MILE RD. WARREN, MI 48089

D: . . .

David Bell

Master Name: KHALED MANSOUR B22436

License may be revoked upon violation of any provisions of the ordinance or other rules and regulations covering this particular activity.



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/23/2018

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.

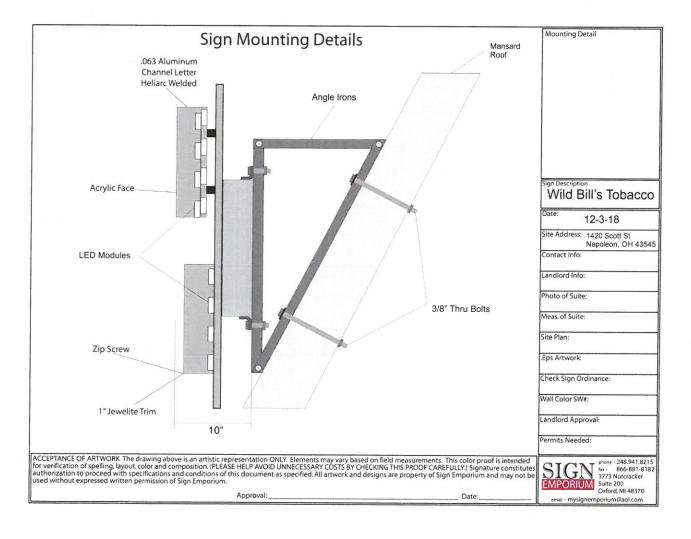
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject to his certificate does not confer rights to						may require	an endorsement. A s	statement o	on		
	DUCER	Citiii	oute moraer in near or out	CONTACT Sharon M Risser								
	mmunity Insurance Center Ltd.				PHONE (248) 628-2505 FAX (248) 628-3023							
	2 S Lapeer Rd				E-MAIL shipsor@cicagency.net							
	D Box 20				ADDRESS.							
Oxf				MI 48371-0020	INSURER(S) AFFORDING COVERAGE INSURER A: Frankenmuth Insurance Company					13986		
	JRED		1011 4007 1 0020		1.000							
INSU	SIGN EMPORIUM INC			INSURER B: Accident Fund Assigned Risk								
11035 E 9 MILE RD						INSURER C:						
	11033 E 9 MILE 10					INSURER D:						
WARREN				MI 48089-2454	INSURE							
		10/10 17/10				INSURER F:						
COVERAGES CERTIFICATE NUMBER: 18/19 w 17/18 WC 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	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	IMITS	2 2 2 2		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000			
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	ccurrence) \$ 500,000			
								MED EXP (Any one person)	\$ 5,000			
Α				CPP6232315		08/06/2018	08/06/2019	PERSONAL & ADV INJURY	Ψ	0,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	Ψ	0,000		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AG	G \$ 2,000	0,000		
	OTHER:								\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	0,000		
	ANYAUTO							BODILY INJURY (Per person	) \$			
Α	OWNED SCHEDULED AUTOS			BA 6232315		08/06/2018	08/06/2019	BODILY INJURY (Per accider	nt) \$			
	X HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
							Experience Mod Factor	1000				
	➤ UMBRELLA LIAB OCCUR					08/06/2018	08/06/2019	EACH OCCURRENCE	\$ 1,000			
Α	EXCESS LIAB CLAIMS-MADE			CPP6232315	08/06			AGGREGATE	\$ 1,000	0,000		
	DED X RETENTION \$ 10,000								\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE X OTH	1-			
В	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		ARP12000859600		11/07/2017	11/07/2018	E.L. EACH ACCIDENT	\$ 1,000			
Ь	(Mandatory in NH)							E.L. DISEASE - EA EMPLOY	EE   4	0,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMI	T \$ 1,000	0,000		
	<u> </u>											
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)					
CEI	RTIFICATE HOLDER				CANC	ELLATION						
Certificate for Quoting Purposes Only					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
Please Contact Agency (248)628-2505						AUTHORIZED REPRESENTATIVE						





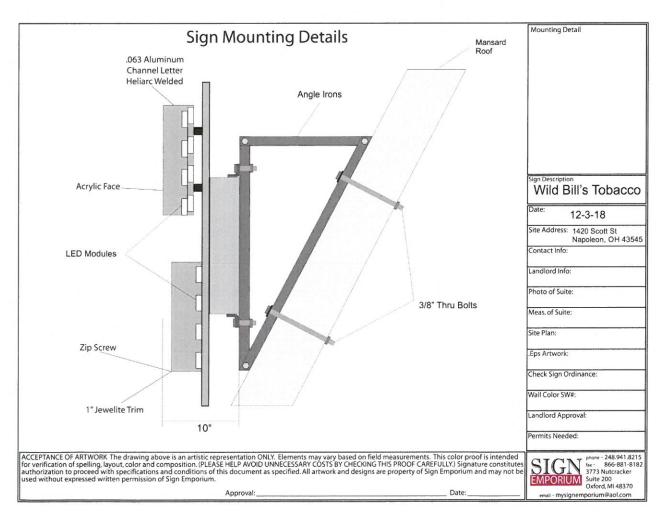














11035 E 9 Mile Rd Warren, MI 48089

Dear	Sir	or	NA	ad	ama

Please let me know the cost of the permits, or if any other files are needed and I will get them to you, thank you.

Sincerely,

Christine Podzikowski Sign Emporium Inc. 586-576-7901 signsbykal@gmail.com