

SCANNED
+ Final

THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT

255 W. RIVERVIEW

(419)592-4010

Sign Permit

Permit Number: SG2007-11

Page 1 of 1

Printed: 7/9/2007

ADDRESS:

1865 Scott St. N.

Applicant

Name: Creative Sign Resources
Address: PO Box 10743

Approval Date: 7/9/2007
260-425-9618

Owners

Name: Rent a Center
Address: 1865 N Scott St
Napoleon, OH 43545

Phone: 260-482-4494

Contractors

Contractor Type: Sign

Name: Creative Sign Resources
Address: PO Box 10743

Ft Wayne, IN 46853

Phone: 260-425-9618

Fees and Receipts:

Number	Description	Amount
FEE2007-391	Sign (Auto)	\$35.00

Total Fees: \$35.00

RCPT2007-317		\$35.00
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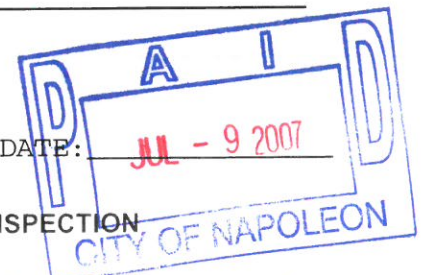
Total Receipts: \$35.00

35 sf sign

APPLICANTS SIGNATURE: _____

DATE: JUL - 9 2007

REMINDER: YOU MUST CALL (419)592-4010 FOR AN INSPECTION



Zoning Permit Only!

other permits may be required

**THE CITY OF NAPOLEON
BUILDING & ZONING DEPARTMENT
255 W. RIVERVIEW
(419)592-4010**

Receipt Record

Page: 1

Receipt Number: RCPT2007-317

Date Printed: 7/9/2007

Received From: Creative Sign Resources

Date: 7/9/2007

Reference #: SG2007-11

Received By: Angela

Amount: \$35.00

Comments: ck 19097

Fees:

FEE2007-391 Sign (Auto)

\$35.00

\$35.00

Accounts:

100-3100-46610 Sign Permits

\$35.00

\$35.00

THANK YOU FOR YOUR PAYMENT



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: 1865 N. Scott St
OWNER NAME: Rent A Center PHONE: 260-482-4494
OWNER ADDRESS: 1865 N. Scott St Napoleon, OH 43545

CONTRACTOR NAME: Creative Sign Resources PHONE: 260-425-9618
IS CONTRACTOR REGISTERED WITH THE CITY OF NAPOLEON? YES NO

SIGN INFORMATION

TYPE: POST WALL GROUND AWNING

DIMENSIONS: 168" X 30" = TOTAL S.F. 354

** 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

\$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 CHARITABLE CAUSES OR EVENTS.

Holly Fisher
APPLICANTS SIGNATURE

8/2/07
DATE

OK

City of Napoleon
Engineering Department

Office Use Only
Permit No: _____
App. Date: _____
Est. Cost: _____
Base Fee: _____
Plus Fee: _____
Total Fee: _____

Application for Sign Permit

Owner Name: Rent A Center

Owner Address: 1865 N. Scott St Napoleon, OH 43545

Contractor Name: Creative Sign Resources IN 46853

Contractor Address: P.O. Box 10743 Fort Wayne PH: 260-425-9618

Location of Project: 1865 N. Scott St Napoleon, OH 43545

Additional Information: Sign Type - Post _____ Wall Ground _____ Awning _____

Dimensions: 30" X 14' Total S.F. 357

Date: 6/26/07 Applicant Signature: Holley Fisher

Application must include a site drawing or a description of the location of the sign (where applicable) and a sketch of the proposed sign(s).

The permit fee is as follows: \$25.00 base which includes up to 50 square feet of sign area, plus .10 per square foot after 50 square feet, not to exceed \$100.00 in any case.

existing on front of building



40'

RAC RENT-A-CENTER
168"
30"

15'





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

APPLICATION FOR SIGN PERMIT

LOCATION OF PROPERTY: 1865 N. Scott St

OWNER NAME: Rent A Center PHONE: 260-482-4494

OWNER ADDRESS: 1865 N. Scott St Napoleon, OH 43545

CONTRACTOR NAME: Creative Sign Resources PHONE: 260-425-9618

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Holly Fisher
 APPLICANT'S SIGNATURE

7/2/07
 DATE



CITY OF NAPOLEON

Building & Zoning Division

255 W. Riverview Avenue, PO Box 151, Napoleon, OH 43545
Phone: 419-592-4010 - Fax: 419-599-8393

CONTRACTOR REGISTRATION FORM

PLEASE PRINT CLEARLY

NAME OF COMPANY: Creative Sign Resources DATE: 7/2/07

CONTACT NAME: Holly Fisher

BUSINESS ADDRESS P.O. Box 10743 Ft Wayne IN 46853
STREET CITY STATE ZIP

TELEPHONE #: 260-425-9618 FAX #: 260-420-5551 CELL #: N/A

COMMERCIAL GENERAL LIABILITY INSURANCE is required in order to qualify to perform work in the city of Napoleon. The minimum coverage shall be \$1,000,000 General Aggregate, \$500,000 Each Occurrence, \$500,000 Personal Injury. Please have your agent forward a certificate of insurance and be sure to name, City of Napoleon as the holder.

Please check the type of work you are qualified to perform based on your experience

	Commercial <input checked="" type="checkbox"/>	Residential _____	Industrial _____
General Contracting <input checked="" type="checkbox"/>	Home Builder _____	Remodeling _____	Roofing _____
Siding _____	Windows _____	Gutters _____	Electrical <input checked="" type="checkbox"/>
Plumbing _____	Heating _____	Venting _____	A/C _____
Refrigeration _____	Sewer _____	Sign Builder <input checked="" type="checkbox"/>	Fencing _____
Landscaping _____	Painting <input checked="" type="checkbox"/>	Cabinet Builder _____	Pools _____
Accessory Structures (Wood Frame, Steel Frame) _____	Masonry/Concrete _____		
Foundation Walls Repairs/Waterproofing _____	Other _____		
Lawn Sprinklers _____	Fire Sprinklers _____		

1. How many years of experience do you have doing the type of work as indicated above? 30
2. How long has your company been in business? 7
3. How long has your company been under current ownership? 7
4. Do you have employees? Y N. If yes please provide a copy of your workers comp certificate.
5. Do you have subcontractors? Y N. If yes please have each subcontractor complete a contractor registration form.

If this is the first time you have done business in the City of Napoleon, please attach a list of completed jobs in the area with the name and phone number of the owner or person you worked for.

If you are planning to perform commercial or Industrial-Mechanical, Plumbing, Electrical, Hydronic, or Fire Sprinkler Systems work in the City of Napoleon you will need to attach the appropriate State of Ohio License.

If the information of this form is found to be satisfactory a contractor license will be issued. Contractor licenses are valid for one calendar year at the cost of \$25.00.

This form will not be accepted unless it is signed by an authorized person of the firm listed above.

Scott A. West 7/2/07
Firm-Authorized Signature Date

Scott West V.P.
Print Name & Title

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/02/2007

PRODUCER (260)424-4150 FAX (260)424-4187
Lupke Rice Associates
127 W. Berry St., Suite 500
P.O. Box 11309
Fort Wayne, IN 46857-1309

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED Creative Sign Resources, LLC
4707 State Road 930 E
Fort Wayne, IN 46803

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Selective Insurance	
INSURER B:	Hastings Mutual Insurance Co	14176
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSURED	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>	S1773509-00	10/22/2006	10/22/2007	EACH OCCURRENCE	\$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ca occurrence)				\$ 100,000	
						MLD EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON OWNED AUTOS	S1773509-00	10/22/2006	10/22/2007	COMBINED SINGLE LIMIT (Ca accident)	\$ 1,000,000
		BODILY INJURY (Per person)				\$	
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY EA ACC	\$
						AUTO ONLY AGG	\$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>	S1773509-00	10/22/2006	10/22/2007	EACH OCCURRENCE	\$ 1,000,000
		AGGREGATE				\$ 1,000,000	
							\$
							\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WC9627176	10/22/2006	10/22/2007	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
		E.L. EACH ACCIDENT				\$ 500,000	
		E.L. DISEASE - FA EMPLOYEE				\$ 500,000	
						E.L. DISEASE - POLICY LIMIT	\$ 500,000
A		OTHER Physical Damage	S1773509-00	10/22/2006	10/22/2007	\$1000 Comprehensive Deductible \$1000 Collision Deductible	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
City of Napoleon is listed as an additional insured as their interest may appear

CERTIFICATE HOLDER

City of Napoleon
255 W. Riverview Ave.
P.O. Box 151
Napoleon, OH 43545

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

John Kuker