

THE CITY OF NAPOLEON

BUILDING & ZONING DEPARTMENT 255 W. RIVERVIEW (419)592-4010

Plumbing Permit Permit Number: PL2009-55			Page 1 of 1 Printed: 11/6/2009	
Applicant Name: Address	Tony Barrett : 1122 Sheffield Avenu		al Date: 11/5/2009	
Owners				
Name:	Mr. Tony Barrett	Cellular	Cellular: 419-591-6185	
Address:	1122 Sheffield Avenue	9		
	Napoleon, OH 43545			
Contractor	S			
Fees and	Receipts:			
Numbe	er Des	scription	Amount	
		Total Fees	\$0.00	
		Total Receipts:	\$0.00	
	Sewer Repair			
Sanitary S	· · · · · · · · · · · · · · · · · ·			
·	TS SIGNATURE:		_ DATE:	

CITY OF NAPOLEON ZONING PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTAL DEMOLITIONS, FENCES, POOLS, SHEDS, DRIVEWAYS, SIDEWALKS & SEWERS

OWNER Tony and tensor Breatt	111 Ar.	Papole	ean Dhis 4354
OWNER Tony and teres & Breatt	TE	LEPHONE	E# 4/19-59/-6185
OWNER ADDRESS Same			
CONTRACTOR Self	CE	LL PHONE	E# 4/19 591 6188
DESCRIPTION OF WORK TO BE PERFORMED	Sever line,	Replace	e Break
ESTIMATED COMPLETION DATE //- /U- 15	ESTIMATED C	OST _/2	200.00
DESCRIPTION		FEE	TOTAL COST
Demo Permit	(100.3100.46690)	\$100.00	\$
Fence		0	\$
Pool		00	\$
Garage and Shed Under 200 SF (Detached)		0	\$
Driveway		0	\$
Sidewalk/Curbing		0	\$
Sewer Outside		0	\$
	Subtotal		\$
			\$
	ТО	TAL FEE:	\$
I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURA ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY Of the large certify that I am the Owner of the named property, or that the proposed work is authorized application on higher parts of the standard property.	USE OF THE ABOVE SHALL OF NAPOLEON BUILDING/ZO by the Owner of record and that I	BE UNDERTAI NING DEPART	KEN OR PERFORMED UNTIL THE IMENT.
application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdict the code official or the code official's authorized representative shall have the authority to enter are applicable to such permit.	non. In addition, if a permit for Weas covered by such permit at any	ork described in reasonable hour i	this application is issued, I certify that to enforce the provisions of the code(s)
I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTA	ND THE ABOVE LISTED	INSTRUCTIO	ONS.
SIGNATURE OF APPLICANT: My Su	DATE: /	1-5-09	
PRINT NAME:			
BATCH# CHECK#	DATE		