THE CITY OF NAPOLEON

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

Ou	ıtside Sewer Per	mit	Page 1 of 1
Per	rmit Number: OS	2010-35	Printed: 10/8/2010
AD	DRESS:	618 Strong S	
Applicant Name: Address	Josiah Berg s: 618 Strong St	_	roval Date:
Owners			
Name: Address:	Josiah Berg 618 Strong St		
	Napoleon, OH 4	3545	
Contractor	rs		
Fees and	•		
Numb	er	Description	Amount
		Total Fe	es:\$0.00
		Total Receip	ts: \$0.00
		•	
water and	d sewer work	•	
	d sewer work TS SIGNATURE:		DATE:

CITY OF NAPOLEON ZONING PERMIT APPLICATION

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

DATE 10 JOB LOCATION	18 Stron St					
OWNER JOSICH Berg	TELEPHON	TELEPHONE # 419 9661754				
OWNER ADDRESS 618 Strong st						
CONTRACTOR Self						
DESCRIPTION OF WORK TO BE PERFORM						
ESTIMATED COMPLETION DATE	ESTIMATED COST	ESTIMATED COST				
DESCRIPTION						
Demo Permit	FEE (100 and a (100 an	TOTAL COST				
Fence	(100.3100.46690) \$100.00					
Pool	0	\$				
Garage and Shed Under 200 SF (Detached)	0	\$				
Duimon	0	\$				
Sidewalk/Curbing	0	\$				
Sewer Outside	0	\$				
	Ü	\$				
	Subtotal:	\$				
		\$				
	TOTAL FEE:	\$				
•						
I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO LIST OF THE ABOVE SMALL BE UNDERSTANDING.						
FERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF NAPOLEON BUILDING/ZONING DEPARTMENT						
I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by the Owner of record and that I have been authorized by the Owner to make this application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdiction. In addition, if a permit for Work described in this application is issued, I certify that applicable to such permit.						
I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.						
SIGNATURE OF APPLICANT:	1.					
PRINT NAME: JOSIAL BOX						
BATCH# CHE	CK# DATE					

