



City of Napoleon Building Department

255 W. Riverview
P.O. Box 151
Napoleon, OH 43545
Phone: (419) 592-4010
Fax: (419) 599-8393
Email:

Outside Sewer

Permit Number: P-17-0319

Expiration Date: 08/23/2018

Kailie Williams

209 SYCAMORE DR

Napoleon, OH

Description:

\$0.00 Sewer Outside 0.00 x \$0.0000

Building Permit Info

Project Description: Outside Sewer Repair
Construction Value: \$2,500.00

Authorizing Signature

2017-08-24

Date

CITY OF NAPOLEON ZONING PERMIT APPLICATION

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

DATE 8/23/17 JOB LOCATION 209 Sycamore Drive
 OWNER Kailee Williams TELEPHONE # 419-966-2067
 OWNER ADDRESS same
 CONTRACTOR Tressler Plumbing CELL PHONE # 419-576-0302
 DESCRIPTION OF WORK TO BE PERFORMED outside sewer repair 419-784-2142
office #
 ESTIMATED COMPLETION DATE 8/26/17 ESTIMATED COST 2500.00

DESCRIPTION	FEE	TOTAL COST
Demo Permit	(100.3100.46690) \$100.00	\$
Fence	\$25.00	\$
Pool	\$25.00	\$
Garage and Shed Under 200 SF (Detached)	\$25.00	\$
Driveway	0	\$
Sidewalk/Curbing	0	\$
Sewer Outside	0	\$ 00
	Subtotal:	\$ 00
		\$
	TOTAL FEE:	\$ 00

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 USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT 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 the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.

SIGNATURE OF APPLICANT: Doug Tressler DATE: August 23 2017

PRINT NAME: Doug Tressler

BATCH # _____ CHECK # _____ DATE 8/23/17

No payment

209
SYCAMORE DRIVE
SANITARY SEWER

DATE: 8-24-17
INSTALLED BY: TRESSLER PLUMBING
INSPECTED BY: MARTY CROSSLAND

