

City of Napoleon, Ohio Zoning Department 255 West Riverview Avenue, P.O. Box 151

Napoleon, OH 43545 Kevin Schultheis Code Enforcement/ Zoning Administrator Telephone: (419) 592-4010 Fax: (419) 599-8393 www.napoleonohio.com

RESIDENTIAL ZONING PERMIT

Issued Date:

December 9, 2020

Expiration Date:

December 9, 2021

Permit Number:

P-20-241

Job Location:

1460 Thershan Drive

Owner:

Gregory Kehnast

1460 Thershan Drive Napoleon, Ohio 43545

Contractor:

HP Pools, Inc.

419-878-7946

Zone: R-1 Suburban Residential

Set Backs: Principle Building

Front: 40 Rear: 20 Side: 15

Comments:

Inground Swimming Pool

Permit Type: Fence/Pool/Deck

Fee: \$25.00

Status: Paid

Amount Due: \$0.00

Kevin Schultheis

Code Enforcement / Zoning Administrator

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APPLICATION FOR ENCUMBRANCE OF CITY RIGHT-OF-WAY (City Code Chapter 901.03)*

DEFINITION: Public right-of-way means the surface and space above and below any real property which the City has an interest in law or in equity, whether held in fee, or other estate or interest, or as trustee for the public, including but not limited to all public streets and public easements, as those terms as defined herein, sidewalks, tree lawns and other property, but only to the extent of the City's right, title, interest or authority to grant as Encumberment Permit. (§901.03)

(3301.03)
1460 Thershan Dr., Napoleon, OH 43545 (Address requesting encumbrance)
(Owner Name) (Owner Address)
Mapoleon, OH, 43545 419 438 1130 (City) (State, Zip) (Phone Number)
Reason for encumberment: Installation of new pool, concrete decking and new Fencing.
[Applicant's Signature] [Date]
CAUTION:
By signing this application, you are agreeing on behalf of the person and/or entity you are representing to all the terms, conditions, rules and regulations as required by Chapter 901 of the Codified Ordinances of the City of Napoleon, Ohio as now in effect or as may be later amended. Applicant warrants that he/she has the authority to make such application to the City of Napoleon, Ohio. Applicant hereby expressly undertakes to defend, indemnify and hold the City and its elected and appointed officers, officials, employees, volunteers, agents, representatives and subcontractors harmless from and against any and all damages, losses and expenses, including reasonable attorneys fees and costs of suit or defense, arising out of, resulting from or alleged to arise out of or result from the negligent, careless or wrongful acts, omissions, failures to act or misconduct of the applicant or its affiliates, officers, employees, agents, contractors or subcontractors in proposed closure of City street for construction activity, whether such acts or omissions are authorized, allowed or prohibited by Chapter 901 of the Codified Ordinances of the City of Napoleon, Ohio. Finally, applicant fully understands the City of Napoleon is not responsible for replacing, reimbursement or maintenance of any objects that may be damaged or disposed of due to construction or replacement of any City owned streets, utilities, sidewalks or any other that may apply.
OFFICE USE ONLY
APPROVED:
If no, reason: ONLY FENCE ALLOWED IN EXSERTENT
2020.12.09

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CITY ENGINEER

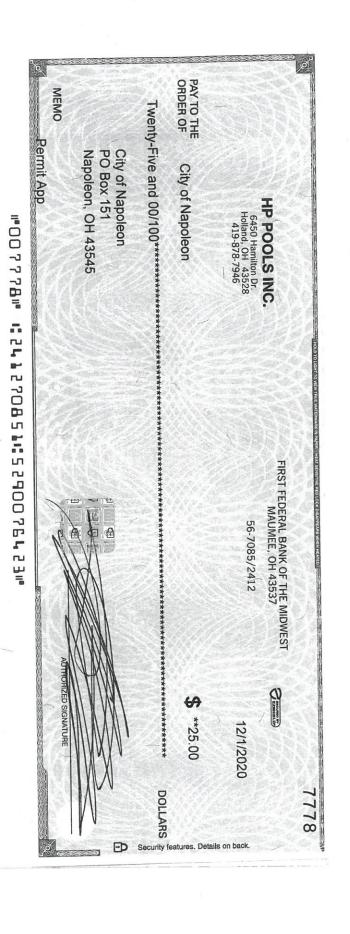
DATE

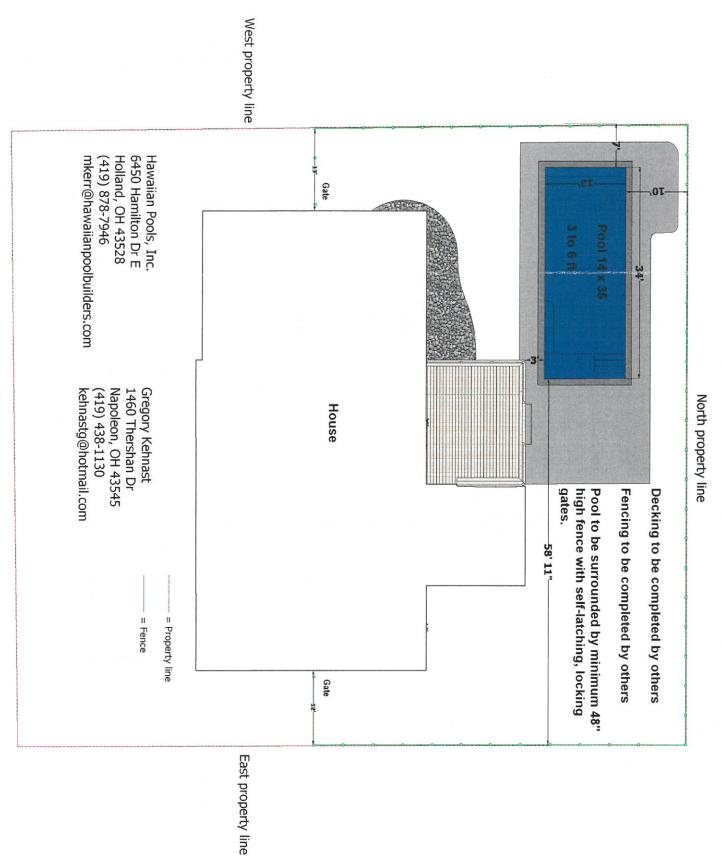
CITY OF NAPOLEON ZONING PERMIT APPLICATION

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

DATE 11/27/2020 JOB LOCATION 1460 Thersham	Drive Napoleon, OH 43545						
OWNER Gregory Kehnast	TELEPHONE # 419-438-1130						
OWNER ADDRESS 1460 Thershan Drive, Napoleon, OH							
CONTRACTOR HP Pools, Inc.	CELL PHONE # 419 - 878-7946						
DESCRIPTION OF WORK TO BE PERFORMED Inground	Swimming pool						
ESTIMATED COMPLETION DATE 4/15/2021	ESTIMATED COST \$62,000.00						
DESCRIPTION	FEE TOTAL COST						
Demo Permit	(100.3100.46690) \$100.00 \$						
Pool	(100.3100.46690) \$25.00 \$ (100.3100.46690) \$25.00 \$ \$\infty 5.00 \tag{5}.00						
Garage and Shed Under 200 SF (Detached)	(100.3100.46690) \$25.00 \$ \(\infty \) \(\text{100.3100.46690} \)						
Driveway	0 \$						
Sidewalk/Curbing	0 \$						
Sewer Outside	0 \$						
	Subtotal: \$ 25.00						
~	\$						
	TOTAL FEE: \$ 25.00						
I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURAL ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO US PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF	SE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE						
I hereby certify that I am the Owner of the named property, or that the proposed work is authorized by application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdictio the code official or the code official's authorized representative shall have the authority to enter areas applicable to such permit.	on. In addition, if a permit for Work described in this application is issued, I certify that						
I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAN	D THE ABOVE LISTED INSTRUCTIONS.						
SIGNATURE OF APPLICANT:	DATE: 11/23/2020						
PRINT NAME: Mike, Kerr							
ватен# 44 398 снеск#_7778	DATE 12-9-2020						

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HPPOOLS-01

KSOUTHWARD

DATE (MM/DD/YYYY) 7/21/2020

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.

CERTIFICATE OF LIABILITY INSURANCE

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

t	f SUBROGATION IS WAIVED, subject his certificate does not confer rights to	the	cert	ificate holder in lieu of su	ich end	orsement(s)	·	require un endorsemen		
	DDUCER				CONTAC NAME:			Leav		5-32877
P. 0	pleton Insurance & Risk Mgt O. Box 1118 vania, OH 43560-0118				PHONE (A/C, No E-MAIL ADDRES	o, Ext): (419) 7	20-6446	(A/C, No):	(419)	882-3911
3yı	Valla, On 43300-0116				ADDRES		UDED(0) AEEO	DDING COVEDAGE		NAIC#
					MOUDE			RDING COVERAGE		34118
INIC	URED					R в : Westfie				24112
IINS							iu ilisurani	ue		24112
HP Pools, Inc. 6450 Hamilton Dr Holland, OH 43528					INSURER C:				-	
					INSURER D:					
,					INSURER E :					
00	WED ACEC CED	T.C.	CATE	TAUMDED.	INSURE	RF:		DEVICION NUMBER.		
	OVERAGES CERTIFY THAT THE POLICIE			E NUMBER:	LIAVE DI	EEN ICCUED 3	TO THE INCHI	REVISION NUMBER:	HE DO	LICY DEBIOD
11	NDICATED. NOTWITHSTANDING ANY RI	EQU	IREM	ENT, TERM OR CONDITION	N OF A	NY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESPE	CT TO	WHICH THIS
0	CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH I	PER	TAIN,	THE INSURANCE AFFORI	DED BY	THE POLICI	ES DESCRIE	ED HEREIN IS SUBJECT T	O ALL	THE TERMS,
INSF			SUBR WVD		DEEN P	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		
A		INSD	WVD	POLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		7.50 7.50	1,000,000
	CLAIMS-MADE X OCCUR			103GL0024700-02		7/27/2020	7/27/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	Seamon Se A Social			103010024700-02		112112020	112112021		\$	5,000
								MED EXP (Any one person)	\$	1,000,000
								PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-							GENERAL AGGREGATE	\$	2,000,000
								PRODUCTS - COMP/OP AGG	\$	_,-,,-
В	OTHER: AUTOMOBILE LIABILITY		-					COMBINED SINGLE LIMIT	\$	1,000,000
_	74			CWP3164794		7/27/2020	7/27/2021	(Ea accident)	\$.,,,,
	ANY AUTO OWNED SCHEDULED AUTOS ONLY			CVVF3104794		112112020	112112021	BODILY INJURY (Per person)	\$	***
								BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	1.00
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)	\$	-
	 								\$	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$	
								AGGREGATE	\$	
Α	DED RETENTION\$				-			PER X OTH-	\$	
•	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			103GL0024700-02		7/27/2020	7/27/2021	BOOK BOREWOOD ON REGISEOUS TOPICS	_	1,000,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. EACH ACCIDENT	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	0000	1,000,000
В	Installation / Build			CWP3164794		7/27/2020	7/27/2021	E.L. DISEASE - POLICY LIMIT	\$	10,000
В	Leased/Rented			CWP3164794		7/27/2020		Equipment		50,000
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACORD	0 101, Additional Remarks Schedu	ile, may be	attached if more	e space is requi	red)		
CE	RTIFICATE HOLDER			-	CANC	ELLATION				
City of Napoleon 255 W Riverview Ave Napoleon, OH 43545				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
					AUTHORIZED REPRESENTATIVE					
					Hyle L. Southward					
					ange	co, and	muum			

ACORD 25 (2016/03)

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