



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: October 16, 2020
Expiration Date: October 16, 2021
Permit Number: P-20-205
Job Location: 213 Thomas Avenue
Owner: Barbara Barron
213 Thomas Avenue
Napoleon, Ohio 43545
Contractor: National Seating and Mobility
419-382-1000

Zone: C-4 Planned Commercial

Set Backs: Principle Building

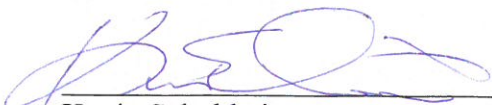
Comments:
Aluminum Handicap Modular Ramp

Permit Type: Zoning

Fee: \$25.00

Status: Paid

Amount Due: \$0.00



Kevin Schultheis
Code Enforcement / Zoning Administrator

CITY OF NAPOLEON ZONING PERMIT APPLICATION

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

P. 20 205

DATE 10/13/20 JOB LOCATION 213 Thomas Ave., Napoleon, OH 43545

OWNER Barbara Barron TELEPHONE # 419-966-9505

OWNER ADDRESS Same

CONTRACTOR National Seating & Mobility CELL PHONE # 419-382-1000

DESCRIPTION OF WORK TO BE PERFORMED Aluminum handicap modular ramp

ESTIMATED COMPLETION DATE 10/20/2020 ESTIMATED COST \$3500.00

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

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: <u>Chris Ray</u>	DATE: <u>10/13/2020</u>
PRINT NAME: <u>Chris Ray</u>	

BATCH # <u>44110</u>	CHECK # <u>CASH</u>	DATE <u>10-16-21</u>
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