

P E R M I T

CITY OF NAPOLEON
255 W. RIVERVIEW AVE
NAPOLEON, OHIO 43545

DIVISION OF BUILDING & ZONING
PH (419) 592-4010
FAX (419) 599-8393

PERMIT NO: 97348

DATE ISSUED: 09-12-97

ISSUED BY: BND

JOB LOCATION: 1033 W WASHINGTON ST

EST. COST: 300.00

LOT #:

SUBDIVISION NAME:

OWNER: UNITED PENTECOSTAL CHURCH
ADDRESS: 444 INDEPENDENCE DR
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-9339

AGENT: SHEPARD DESIGN
ADDRESS: 120 1/2 W WASHINGTON ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-592-1026

USE TYPE - RESIDENTIAL:

OTHER:

ZONING INFORMATION

DIST: LOT DIM: AREA: FYRD: SYRD: RYRD:
MAX HT: # PKG SPACES: # LOADING SP: MAX LOT COV:

BOARD OF ZONING APPEALS:

WORK TYPE - NEW: REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

E - LGTH: WIDTH: STORIES: LIVING AREA SF:
GARAGE AREA SF: HEIGHT: BLDG VOL DEMO PERMIT:

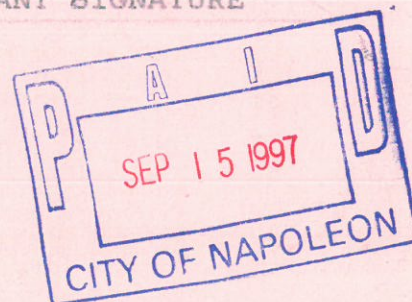
WORK DESCRIPTION
SIGN (2.5 X 8)

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
SIGN PERMIT		25.00

TOTAL FEES DUE 25.00

9/12/97
DATE

Robert J. ...
APPLICANT SIGNATURE



CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 97348

DATE ISSUED: 09-12-97

JOB LOCATION: 1033 W WASHINGTON ST

OWNER: UNITED PENTECOSTAL CHURCH

OWNER PHONE: 419-592-9339

CONTRACTOR: SHEPARD DESIGN

CONTRACTOR PHONE: 419-592-1026

WORK DESCRIPTION: SIGN (2.5 X 8)

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

 SEWER INSP _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

 FURNACE REPLC _____ AIR COND _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

 SERV UPGR _____

BUILDING: SITE _____ FTG _____ FNDDT _____

 STRUC _____ ROOF _____ EXT _____

 VENT _____ ACCES _____ EGRS _____

 SMKDT _____ FINAL _____

 ISSUE TEMP OCCUP _____ ISSUE OCCUP _____

STRG SHED: SITE _____ FINAL _____

SIGN: FTG _____ FINAL 9-22-97

FENCE: SITE _____ FINAL _____

MISC INSP: _____

NOTES: _____

INSPECTOR INITIALS: _____

City of Napoleon
Engineering Department

Office Use Only
Permit No: _____
App. Date: _____
Est. Cost: <u>300⁰⁰</u>
Base Fee: _____
Plus Fee: _____
Total Fee: _____

Application for Sign Permit

Owner Name: HENRY COUNTY FOOT & ANKLE CLINIC

Owner Address: ED. SHARRER

Contractor Name: SHEPARD DESIGN

Contractor Address: P.O BOX 21 120 1/2 W. WASHINGTON PH: 592 1026

Location of Project: W. WASHINGTON

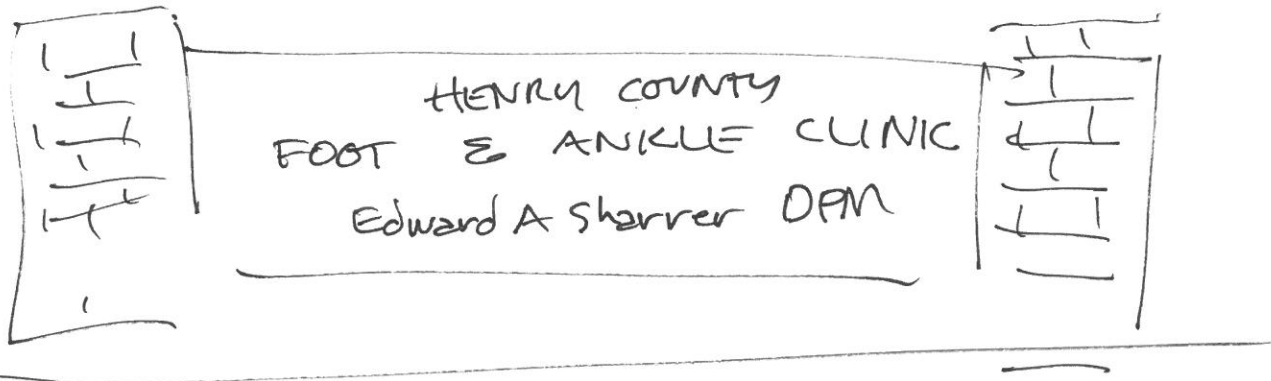
Additional Information: Sign Type - Post Wall _____ Ground _____ Awning _____

Dimensions: 30" (2.5' x 8') Total S.F. 20

Date: 9/12/97 Applicant Signature: [Signature]

Application must include a site drawing or a description of the location of the sign (where applicable) and a sketch of the proposed sign(s).

The permit fee is as follows: \$25.00 base which includes up to 50 square feet of sign area, plus .10 per square foot after 50 square feet, not to exceed \$100.00 in any case.



ALREADY STANDING PILLARS / FRAME