THE CITY OF NAPOLEON

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

Zoning Residential Permit		Page 1 of 1	
Permit Number: ZR2010-28		Printed: 10/13/2010	
ADDRESS: 743 Was	hington St. W.		
Applicant Name: Sean & Kelly Wallace Address: 743 W. Washington St.	Approval Date	:	
Owners			
Name: Sean & Kelly Wallace Address: 743 W. Washington St.			
Napoleon, OH 43545			
Contractors			
Fees and Receipts: Number Description		Amount	
	Total Fees:	\$0.00	
	Total Receipts:	\$0.00	
3×12 decorative fence in yard			
APPLICANTS SIGNATURE:	DA	TE:	
REMINDER: YOU MUST CALL	L (419)592-4010 FOR AN INSPE	ECTION	

CITY OF NAPOLEON ZONING PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTAL DEMOLITIONS, FENCES, POOLS, SHEDS, DRIVEWAYS, SIDEWALKS & SEWERS ZP2010-28

DATE 10.12.2010. JOB LOCATION 743 W.	Washing to	n.		
OWNER Sean + Kelly Wallace	TELEPHONE # 419.592.4483			
OWNER ADDRESS 743 W. Washing an St	٤			
CONTRACTOR	CELL PHONE #			
DESCRIPTION OF WORK TO BE PERFORMED	decorative	rod 11	ran linco	
3'H 12'W.				
ESTIMATED COMPLETION DATE 10.12.2010.	ESTIMATED C	OST _ 💆	30.	
		FEE	TOTAL COST	-
DESCRIPTION Demo Permit	(100.3100.46690)	\$100.00	\$	-
Fence	(100.5100.1001)	0	\$ 0	-
Pool		0	\$ &	_
Garage and Shed Under 200 SF (Detached)		0	\$	-
Driveway		0	\$	
Sidewalk/Curbing		0	\$	_
Sewer Outside		0	\$	_
	Subtotal	:	\$	
			\$	_
	TO	TAL FEE:	\$ - 0 -	
I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION OR STRUCTURA ALTERATION OF ANY BUILDING STRUCTURE, SIGN, OR PART THEREOF AND NO PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF	USE OF THE ABOVE SHALI OF NAPOLEON BUILDING/2	ONING DEPAR	TMENT.	NIIL INC
I hereby certify that I am the Owner of the named property, or that the proposed work is authorized application as his/her authorized agent and I agree to conform to all applicable laws of the jurisdic the code official or the code official's authorized representative shall have the authority to enter are applicable to such permit.	tion In addition, if a permit for	Work described in	n inis application is issuea, i c	certify that
I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTA	AND THE ABOVE LISTEI	DINSTRUCTI	ONS.	
SIGNATURE OF APPLICANT: Kelly Wallaco	DATE:	10.1:	2.2010	
PRINT NAME: Kelly Wallace				
BATCH# CHECK#	DATE			



