

Print Date: 11/20/2015



City of Napoleon Building Department

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

Zoning Commercial

Permit Number: P-15-0439
Expiration Date: 11/18/2016

Dental Excellence of Napoleon
875 WESTMORELAND AVE

Napoleon, OH 43545

Description:
\$50.00 Zoning Permit

Tom Zimmerman

Authorizing Signature

11/20/15

Date



Zoning Administrator
Building Commissioner
Tom Zimmerman

CITY OF NAPOLEON
Building & Zoning Division
255 W. Riverview Avenue, PO Box 151, Napoleon, OH 43545
Phone: 419-592-4010 - Fax: 419-599-8393

P-15-0439
Tom Zimmerman

ZONING PERMIT APPLICATION

ADDRESS OF PROPOSED BUSINESS: 875 Westmoreland Ave

BUSINESS OWNER: Michael D. Carpenter, Dental Excellence of Napoleon

OWNER ADDRESS: 6205 S.R. 110, Napoleon, OH 43545

OWNER PHONE: 419/592-9956 CELL: _____

PROPERTY OWNER: Hummingbird Real Estate Investment Co.

PROPERTY OWNER ADDRESS: 6205 S.R. 110, Napoleon, OH 43545

PROPERTY OWNER PHONE: 419/748-8105 CELL: _____

NEW BUSINESS USE: Dental Office

ESTIMATED CONSTRUCTION COST \$ \$2,895,000

ZONE: C-4 # OF PARKING SPACES: 78 SQ FT OF BUILDING: 11,444

PREVIOUS BUSINESS USE: - N/A

ADDRESS PERMIT SHOULD BE SENT TO:
6205 S.R. 110, Napoleon, OH 43545

APPLICANT: Michael D. Carpenter PHONE#: 419/592-9956

FEE: \$50.00 (Fee may be waived if usage or size of building does not change. MZON 100.3100.46690)

Michael D. Carpenter
SIGNATURE OF APPLICANT

9/15/15
DATE

TOM ZIMMERMAN
ZONING ADMINISTRATOR

DATE

Building/Zoning Use Only
Permit # _____ Batch # 33240 Check # 15498 Date 11/19/15

Certificate of Occupancy
Wood County Building Inspection

Address:
DENTAL EXCELLENCE OF NAPOLEON
875 WESTMORELAND AVENUE
NAPOLEON, OH 43545
County: Henry

Stipulations, Conditions, & Variances:
New Dental Office. All Inspections Completed. Occupancy Approved.

Approved As:

Use Groups:	Occupancy Description:
Primary B	Professional Medical Offices
Accessory 0	
Accessory 0	
Accessory 0	
Mixed Use 0	

Attached Floor Plan:

Construction Type: 5B

Sprinklers

System Type: _____ **Demand:** _____
Standpipe: _____ **Demand:** _____

This Certificate represents an approval that is valid only when the building and its facilities are used as stated and is conditional upon all building systems being maintained and tested in accordance with the applicable Ohio Board of Building Standards rules and applicable equipment or systems schedules. This certifies conformance with Chapters 3781 and 3791 of the Ohio Revised Code and the applicable provisions of the rules of the Ohio Board of Building Standards.

Location: _____

OBC Ed. 2011 _____ OMC Ed. 2011 _____ OPC Ed. 2011 _____

Health and Safety OBC Section 111.1

Plan Approval/Building Permit No: B15-001051

Date: 03/29/2017

Chief Building Official:

Michael J. Rudey



