CITÝ OF NAPOLEON ZONING PERMIT APPLICATION

THIS APPLICATION IS FOR RESIDENTAL DEMOLITIONS, FENCES, POOLS, SHEDS, DRIVEWAYS, SIDEWALKS & SEWERS DW2010-9

date <u><i>09-16-10</i></u> job loca	TION	WILLARD		
OWNER HARC		TELEPHONE #		
OWNER ADDRESS /22				
CONTRACTOR MILLS	n CONSTRUCTIO	CELL PI	IONE #	
DESCRIPTION OF WORK TO BE F	ERFORMED	An OUT Per	LACE	DRIVE
& SiDWACKS				
ESTIMATED COMPLETION DATE	09-16-10	ESTIMATED COST	890	70.00
DESCRIPTION		FE	E T	OTAL COST
Demo Permit		(100.3100.46690) \$10	0.00 \$	
Fence			0 \$	
Pool			0 \$	
Garage and Shed Under 200 SF	Detached)		0 \$	
Driveway			0 \$	
Sidewalk/Curbing			0 \$	
Sewer Outside			0 \$	
		Subtotal:	\$	
			\$	
		TOTAL	FEE: \$	
-				
I FULLY UNDERSTAND THAT NO EXCAVATION OF ANY BUILDING STRUCTUR PERMIT APPLIED FOR HEREIN HAS BEEN AF	E SIGN OR PART THEREOF AND	NO TISE OF THE ABOVE SHALL BE U	NDEKTAKEN C	IN LEKTORMED ONLIT TITE
I hereby certify that I am the Owner of the named propapplication as his/her authorized agent and I agree to the code official or the code official's authorized reprapplicable to such permit.	erty, or that the proposed work is authon conform to all applicable laws of the jur sentative shall have the authority to ente	ized by the Owner of record and that I have isdiction. In addition, if a permit for Work d r areas covered by such permit at any reaso	been authorized b escribed in this ap nable hour to enfo	y the Owner to make this oplication is issued, I certify that
I HEREBY ACKNOWLEDGE THAT I HA	E READ AND FULLY UNDER	STAND THE ABOVE LISTED INST	TRUCTIONS.	
SIGNATURE OF APPLICANT:	at Holle	DATE: 04	3-16-1	0
PRINT NAME: MAKK	KOLBE			-
BATCH#	CHECK#	DATE		

THE CITY OF NAPOLEON

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

	eway Permit nit Number: DW2010-9	Page 1 of 2 Printed: 9/17/2010		
ADD	RESS: 1131 Willard St.			
Applicant Name: Address	Miller Construction, LTD 419-267-3368 19036 Co Rd X			
Owners				
Name:	HARC 122 East Maumee	<i>,</i>		
Addicas.	Napoleon, OH 43545			
Contractor	S			
	••	Archbold, OH 43502		
Addi		e : 419-267-3368		
Fees and	Receipts:	——————————————————————————————————————		
Numbe	er Description	Amount		
	Total Fees:	\$0.00		
	Total Receipts:	\$0.00		
tear out o	and replace drive			
APPLICAN [*]	rs signature: da	TE:		
REMINDER: YOU MUST CALL (419)592-4010 FOR AN INSPECTION				