

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: 960018

DATE ISSUED: 11-27-96

ISSUED BY: MBS

JOB LOCATION: 232 W FRONT ST

EST. COST:

LOT #:

SUBDIVISION NAME:

OWNER: MILLER, MATT
ADDRESS: 617 W MAIN ST
CSZ: NAPOLEON, OH 43545
PHONE: 419-599-8524

AGENT: SELF
ADDRESS:
CSZ:
PHONE:

USE TYPE - RESIDENTIAL:

OTHER: COMM

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: X REPLMNT: ADD'N: ALTER: REMODEL:

WORK INFORMATION

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

WORK DESCRIPTION

3' X 16' FLAT WALL SIGN

FEE DESCRIPTION

PAID DATE

FEE AMOUNT DUE

SIGN PERMIT

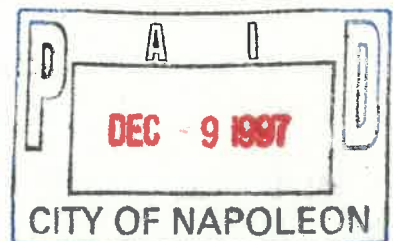
25.00

TOTAL FEES DUE

25.00

DATE

APPLICANT SIGNATURE



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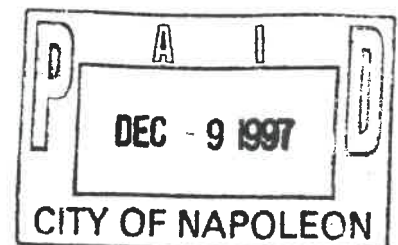
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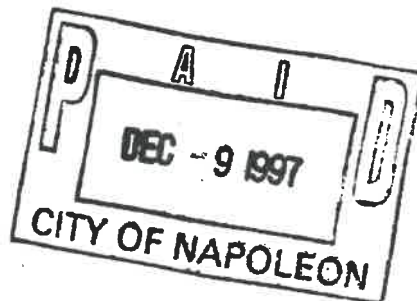
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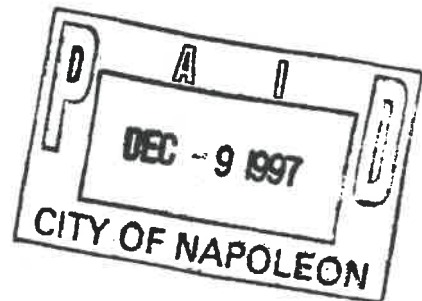
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SIGN PERMIT		25.00

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CITY OF NAPOLEON INSPECTION FORM

January 22, 1997

PERMIT #: 960018

JOB LOCATION: 232 W FRONT ST

OWNER: MILLER, MATT

WORK DESCRIPTION: 3' X 16' FLAT WALL SIGN

PLUMBING: UNDGR _____ RGHIN _____ FINAL _____

MECHANICAL: UNDGR _____ RGHIN _____ FINAL _____

ELECTRICAL: UNDGR _____ RGHIN _____ FINAL _____

BUILDING: SITE _____ FTG _____ FNDD _____

STRUC _____ ROOF _____ EXT _____ VENT _____

ACCESS _____ SMKDT _____ FINAL _____ OCCP _____

MISC INSP: Sign 11-27-96

NOTES: _____

CITY OF NAPOLEON INSPECTION FORM

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OWNER: MILLER, MATT

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