

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: 98270                      DATE ISSUED: 08-17-98                      ISSUED BY: BND  
JOB LOCATION: 240 NORTHCREST DR                      EST. COST: 1800.00

LOT #:    SUBDIVISION NAME:

OWNER: NORTHCREST NURSING HOME                      AGENT: SELF  
ADDRESS: 240 NORTHCREST DR                      ADDRESS:  
CSZ: NAPOLEON, OH 43545                      CSZ:  
PHONE: 419-599-4070                      PHONE:

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

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

WORK DESCRIPTION  
SHELTER 10 X 12

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
BUILDING PERMIT		3.00

TOTAL FEES DUE                      3.00

8/17/98

DATE

*Carney Tucker*

APPLICANT SIGNATURE

