



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

Zoning Administrator
Building Commissioner
Tom Zimmerman

COMMERCIAL ZONING PERMIT APPLICATION

ADDRESS OF PROPOSED BUSINESS: _____

BUSINESS OWNER: _____

OWNER ADDRESS: _____

OWNER PHONE: _____ CELL: _____

PROPERTY OWNER: _____

PROPERTY OWNER ADDRESS: _____

PROPERTY OWNER PHONE: _____ CELL: _____

PREVIOUS BUSINESS USE: _____

ESTIMATED CONSTRUCTION COST \$ _____

ZONE: _____ # OF PARKING SPACES: _____ SQ FT OF BUILDING: _____

NEW BUSINESS USE/PROJECT DESCRIPTION: _____

ADDRESS PERMIT SHOULD BE SENT TO: _____

APPLICANT: _____ PHONE#: _____

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

SIGNATURE OF APPLICANT

DATE

TOM ZIMMERMAN
ZONING ADMINISTRATOR

DATE

Building/Zoning Use Only
Permit # _____ Batch # _____ Check # _____ Date _____