



**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

# ZONING PERMIT APPLICATION

ADDRESS OF PROPOSED BUSINESS: \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

OWNER PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_

PROPERTY OWNER ADDRESS: \_\_\_\_\_

PROPERTY OWNER PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

NEW BUSINESS USE: \_\_\_\_\_

ESTIMATED CONSTRUCTION COST \$ \_\_\_\_\_

ZONE: \_\_\_\_\_ # OF PARKING SPACES: \_\_\_\_\_ SQ FT OF BUILDING: \_\_\_\_\_

PREVIOUS BUSINESS USE: \_\_\_\_\_

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 _____