

PERMIT

CITY OF NAPOLEON, OHIO — DEPT. OF BUILDING & ZONING
255 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 592-4010

Permit No. 748 Date Dec. 2, 1983
 Job Location 340 E. Clinton Valuation \$ 9,500
 Owner Henry Co. Bd. of Mental Retardation Address St. Rt. 65, Westhope
 Contractor Me1 Lanzer Co. Telephone No. 592-2801
 Address 2266 N. Scott, Napoleon, Ohio
 Electric Contractor _____
 Plumbing Contractor _____
 Mechanical Contractor _____

This permit is issued for work described in the plans, specifications, and/or application submitted, as approved by the Building Commissioner of the City of Napoleon, Ohio. Work shall conform to all pertinent construction and land use Codes and Ordinances.

Work Information:

Residential Commercial _____ Industrial _____
No. dwelling units

New Construction _____ Addition _____ Remodel

Brief Description of Work removing a wall, moving a couple of door openings, adding automatic fire door closure, adding 20 min. rated doors, installation of auto. fire doors

ISSUED BY Richard S. Hayman DEPT. OF BUILDING & ZONING
Building Official

It is the owners or contractors responsibility to call the Building Department for the following (x) inspections:

- _____ Footing excavation prior to placing concrete.
- _____ Footing drains and foundation prior to backfill.
- _____ Prepared sub-grade prior to placing concrete floor slab.
- _____ Sanitary sewer
- Rough-in electrical, plumbing and service framing prior to installing wall board.
- Final electrical, plumbing and heating.
- Final building inspection, prior to occupancy.

PERMIT & FEES

Building Permit	\$ 35.00
Electrical Permit	\$ 18.00
Plumbing Permit	\$ _____
Mechanical Permit	\$ _____
Demolition Permit	\$ _____
Zoning Permit	\$ _____
Sign Permit	\$ _____
Water Tap	\$ _____
Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other	\$ _____
TOTAL FEES	\$ 53.00
LESS FEES PAID	\$ -0-
BALANCE DUE	\$ 53.00

Permit is not valid until all fees are paid in full, and shall be void if work is not started within six months of date above.

PAID
DEC 2 1983
CITY OF NAPOLEON

CITY OF NAPOLEON
 BUILDING INSPECTION DEPARTMENT
 APPLICATION FOR BUILDING PERMIT
 (please print or type)

I, the undersigned hereby makes application for construction, installation, or alternation work as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Building Codes.

Location of project 340 E. CLINTON ST. Cost of Project \$9500⁰⁰

Owner's Name HENRY CO. BO. OF MENTAL RETARD. Address ST RT 65, WESTHOPE, O.

Contractor MEL LANZER CO. Telephone No. 592-2801

Address 2266 N. SCOTT ST. NAPOLEON, OHIO

Plot Information: (not required for siding job)

Plot No. _____ Subdivision _____

Zoning District _____ Lot Size _____ ft X _____ ft. Area _____ sq. ft.

Setbacks: Front _____ Right Side _____ Left Side _____ Rear _____

Work Information:

Residential Commercial _____ Industrial _____

New Construction _____ Addition _____ Remodel

Accessory Building _____ Siding _____

Brief Description of Work: REMOVING A WALL, MOVING A COUPLE OF DOOR OPENINGS, ADDING AUTOMATIC FIRE DOOR CLOSURE, ADDING 20 MIN. RATED DOORS

Size: Length _____ Width _____ No. of Stories TWO

Area: 1st Floor _____ sq. ft. Basement YES _____ sq. ft.

2nd Floor _____ sq. ft. Accessory Building _____ sq. ft.

3rd Floor _____ sq. ft. Other _____ sq. ft.

Additional Information: _____

APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: ELEVATIONS, FLOOR PLANS, CROSS SECTIONS AND PLOT PLAN. IF ADDITION OR REMODELING, SHOW ALL EXISTING STRUCTURES AND THEIR SIZE AND LOCATION. ALL PLANS SHALL BE DRAWN TO SCALE.

Date 11/29/83 Applicant's Signature Max Ostlund V. PRES.

PERMIT NO.

749

PERMIT FEE \$

35.00

CITY OF NAPOLEON
BUILDING INSPECTION DEPARTMENT
APPLICATION FOR ELECTRICAL PERMIT
(Please print or type)

The undersigned hereby makes application for installation or replacement of electrical equipment as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Electrical Codes.

Owner's Name Henry Coble of Mental Ret. Address St Rt 65 Westport Ohio

Electrical Contractor _____ Telephone No. _____
Address _____

General Contractor Mel Langer Telephone No. 592 2801
Address 2266 N. Scott

Location of Project 340 E. Clinton Cost of Project _____

Work Information:

Residential _____ Commercial Industrial _____
No. Units _____

New _____ Service Change _____ Rewiring _____ Additional Wiring _____

Brief Description of Work: Installation of automatic fire doors

Size of proposed service entrance _____ Number of new circuits _____

Type of proposed service entrance _____ Underground _____ Overhead _____

Require Temporary Electric _____ (Yes or No)

Total Floor Area - Commercial and Industrial only _____ sq. ft.

Additional Information: _____

*Ground fault circuit interrupter protection is required on all 120-volt single phase, 15 and 20 amp. Circuits which are part of a temporary electric service; and also on bathroom, outdoor, and garage receptacles in all dwelling units. Art. 220-8 N.E.C.

*Application for permit shall be accompanied by two complete sets of plans including: Electrical layout and riser diagram. (For commercial and industrial work only).

Date _____ Applicant's Signature _____

PERMIT NO. 744
PERMIT FEE \$ 18.00

BUILDING INSPECTION REPORT

JOB ADDRESS 340 B Clinton OWNER Henry Co.

CONTRACTOR Mal Langer PHONE 592-2801

PERMIT NO. 748 DATE APPROVED Dec. 2, 1983

INSPECTIONS Remodel

ZONING DISTRICT C USE: SINGLE DOUBLE _____ MULTIPLE _____

TEMPORARY ELECTRIC _____

ENTRANCE WIRE SIZE N/A 15 AMP. DISC. _____ GRND. _____

FOOTER INSP. _____ POURED _____ BASEMENT _____ CRAWL _____ SLAB _____

FOUNDATION WALLS _____

WALL CONSTRUCTION _____ FRAME _____ BRICK _____ BLOCK _____ METAL _____

ROOF _____ FRAME _____ TRUSS _____ COVERING _____

FIRERATING IN GARAGE: CEILING _____ WALLS _____ DOOR _____

ELECT. SERVICE: AMPS _____ WIRE SIZE: ENT. _____ SER. _____ GRND. _____

ROUGH WIRING: NO. OF RECEPTACLES _____ WIRE SIZE: KITCHEN _____ REST _____

INSULATION THICKNESS: WALLS _____ CEILING _____

EXTERIOR WALL FINISH add door across 2nd floor hall

INTERIOR FINISH: WALLS self closure on three doors CEILING _____

PLUMBING: WATER LINES, TYPE: COPPER _____ PLASTIC _____ TEST _____

SEWER LINES, TYPE _____ SIZE: 3INCH _____ 4INCH _____ TEST _____

HEATING: FURNACE LOCATION _____

FINALE INSPECTION

DATE _____

EXTERIOR _____

INTERIOR Second floor remodel complete

ELECTRIC TEST _____

SEWER TRAP TEST _____

INSPECTORS SIGNATURE R. Layman DATE 2/16/84

PERMIT

CITY OF NAPOLEON, OHIO — DEPT. OF BUILDING & ZONING
255 W. Riverview Avenue, Napoleon, Ohio 43545 (419) 592-4010

Permit No. 743 Date Dec. 2, 1983
 Job Location 340 E. Clinton Valuation \$ 9,500
 Owner Henry Co. Bd. of Mental Retardation Address St. Rt. 55, Westhope
 Contractor Neil Lanzer Co. Name Neil Lanzer Co. Address 2265 N. Scott, Napoleon, Ohio Telephone No. 592-2801
 Electric Contractor _____
 Plumbing Contractor _____
 Mechanical Contractor _____

This permit is issued for work described in the plans, specifications, and/or application submitted, as approved by the Building Commissioner of the City of Napoleon, Ohio. Work shall conform to all pertinent construction and land use Codes and Ordinances.

Work Information:

Residential X No. dwelling units Commercial _____ Industrial _____
 New Construction _____ Addition _____ Remodel X
 Brief Description of Work removing a wall, moving a couple of door openings, adding automatic fire door closure, adding 20 min. rated doors, installation of auto. fire door.

ISSUED BY _____ Building Official DEPT. OF BUILDING & ZONING

It is the owners or contractors responsibility to call the Building Department for the following (X) inspections:

- _____ Footing excavation prior to placing concrete.
- _____ Footing drains and foundation prior to backfill.
- _____ Prepared sub-grade prior to placing concrete floor slab.
- _____ Sanitary sewer
- X _____ Rough-in electrical, plumbing and service framing prior to installing wall board.
- X _____ Final electrical, plumbing and heating.
- X _____ Final building inspection, prior to occupancy.

Permit is not valid until all fees are paid in full, and shall be void if work is not started within six months of date above.

PERMIT & FEES

Building Permit	\$ <u>35.00</u>
Electrical Permit	\$ <u>10.00</u>
Plumbing Permit	\$ _____
Mechanical Permit	\$ _____
Demolition Permit	\$ _____
Zoning Permit	\$ _____
Sign Permit	\$ _____
Water Tap	\$ _____
Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other _____	\$ _____
TOTAL FEES	\$ <u>53.00</u>
LESS FEES PAID	\$ _____
BALANCE DUE	\$ <u>53.00</u>

PAID
DEC 2 1983
CITY OF NAPOLEON

INSPECTION RECORD

UNDERGROUND		ROUGH-IN & FINAL			
Type	Date	By	Type	Date	By
PLUMBING	Sewer Connection		Drainage, W. & Vent		
	Building Sewer		Water Piping		
	Water Piping		Condensate Lines		
			Indirect Waste		
ELECTRICAL	Floor Ducts Raceways		Rough Wiring		FINAL APPROVAL
	Conduits & or Cable		Conduits/Cable		Electric Mtr. Clearance
	Grounding & Bonding		Service Panel		Signs
			Subpanels		
MECHANICAL	Refrigerant Piping		Refrigerant Piping		FINAL APPROVAL
	Ducts/Plenums		Ducts/Plenums		Duct Insulation
			Ventilation Supply		Chimney(s)
			Exhst.		Furnace(s)
BUILDING	Location, Set-backs, Esmt(s)		Wall Construction		FINAL APPROVAL
	Excavation		Crawl Space		Fireplace Chimney
	Footings & Reinforcing		Floor System(s)		Attic
	Sub-soil Drain		Roof System		<input type="checkbox"/> Vent <input type="checkbox"/> Access
Foundation Walls		Fire Wall(s)		Special Insp Reports Rec'd	
Floor Slab		Roof Cover/ Roof Drain		Smoke Detector	
FINAL APPROVAL BLDG. DEPT			Certificate of Occupancy Issued		#

REPORT OF FIRE SAFETY, BUILDING SAFETY, & ENVIRONMENTAL HEALTH INSPECTION

of Residential Care Facilities for Mentally Retarded
Sections 5123.18, 5123.19, 5123.99, Ohio Revised Code

DMR-LIC-001 (formerly 498-114a, 115a, 116a) Rev. 5/80

Ohio Department of Mental Retardation

Instructions: Inspector completes and returns all copies to Ohio Dept. of Mental Retardation, 30 E. Broad St., Room 1257, Cols., Ohio, 43215 for distribution. Distribution: Original to Operator; copy to Mental Retardation Field Office; copy to inspection agency; and copy to Mental Retardation Central Office.

Type of Inspection:

Fire Safety

Building Safety

Environmental Health

Name & Address of Facility <i>Henry County Residential Home. 3401 E Clinton Street Napoleon, Ohio 43534</i>		County of Facility <i>Henry County</i>	
Type of Facility <i>Family Home</i>		Capacity <i>8 Beds</i>	Name & Address of Inspecting Agency <i>City of Napoleon 2551 E. Riverman Napoleon, Ohio 43545</i>
Type of Resident <i>Group Home</i>		Date of Visit <i>March 13, 1980</i>	
Fire Inspection	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Health Inspection	Inspection Requested <input type="checkbox"/> Food Service <input type="checkbox"/> Water <input type="checkbox"/> Septic Tank	Facility <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date of Visit
Building Safety Inspection	To be Inspected Under Code <input checked="" type="checkbox"/> R-2 <input type="checkbox"/> I-2 <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Other, specify	Facility <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date of Visit <i>3/13/81</i>

Corrections to be made: *Second floor hallway doors to be fire rated with wire glass.*

Reasonable Compliance Time: _____ Days

Richard G. Layman 3/13/81
Signature of Inspecting Agent Date

You are hereby ordered to: (1) Correct any violations by _____, 19____, and (2) forthwith comply or continue to comply, as the case may be, with the occupancy limitations set forth above. If you fail to comply with this order, action to deny or revoke your license will be instituted.

Commissioner, Department of Mental Retardation

Date



JAMES A. RHODES
Governor

STATE OF OHIO
DEPARTMENT OF INDUSTRIAL RELATIONS

Division of Factory and Building Inspection

NURSING HOME SECTION

2323 West Fifth Avenue • P.O. Box 825
Columbus, Ohio 43216

614-466-9442 - 466-9444

HELEN W. EVANS
Director

GEORGE G. WILSON, III
Assistant Director

JERALD E. BRUCE
Chief of Division

March 12, 1981

MR. GARY D DONALDSON
HENRY CO BOARD OF MENTAL RETARDATION
J-169 SR 65
MCCLURE OH 43534

Dear Mr. Donaldson,

This is to advise you that, in accordance with Mr. Hayman's letter of January 22, 1981, the installation of wired glass in the doors in question will not violate any of the pertinent provisions of Chapter 11, 1967 Life Safety Code.

If you have any questions, please let me know.

Sincerely,


Harry W. Saxe, Supervisor
Nursing Home Section

HWS/pcg

cc: Harold Lambert
Richard G. Hayman, Napoleon Building & Zoning Commissioner ✓
255 Riverview Avenue
Napoleon Oh 43545

RECEIVED
MAR 1 1981

CITY OF NAPOLEON, OHIO
NAPOLEON, OHIO