

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT
 255 West Riverview Avenue, Napoleon, Ohio 43545 - 419-592-4010

Permit No. 836-77 Issued 9-28-77
date

Job Location 415 Fair St.
address

Lot S 16, 17 Fair Grounds Addition
sub div or legal discript

Issued By Ronald D. Soumberg
building official

Owner Eugene Hogrefe 592-2831
name tel.

Address St. Rt. 424 East

Agent Eugene Hogrefe 592-2831
builder-eng.-etc. tel.

Address 424 East

Description of Use New dwelling.

Residential XX 1
no. dwelling units

Commercial _____ Industrial _____

New XX Add'n. _____ Alter _____ Remodel _____

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$ 30,000.00

FEES	BASE	PLUS	TOTAL
<input checked="" type="checkbox"/> BUILDING	\$54.00	-0-	\$54.00
<input checked="" type="checkbox"/> ELECTRICAL	\$1.00	\$19.95	\$20.95
<input checked="" type="checkbox"/> PLUMBING	\$3.00	\$5.00	\$8.00
<input checked="" type="checkbox"/> MECHANICAL	\$6.00	-0-	\$6.00
<input type="checkbox"/> DEMOLITION			
<input checked="" type="checkbox"/> ZONING	---	---	---
<input type="checkbox"/> SIGN			
WATER TAP	\$225.00	-0-	\$225.00
SEWER TAP	---	---	---
TEMP. ELECT.	\$10.00	-0-	\$10.00
ADDITIONAL PLAN REVIEW	Struct. _____ hrs Elect. _____ hrs		
TOTAL FEES.....			\$323.95
LESS MIN. FEES PAID _____		-0-	
		<small>date</small>	
BALANCE DUE.....			\$323.95

ZONING INFORMATION

district "B"	lot dimensions XXX 132' x 132'	area 17424 sq'	front yd 40' OK	side yds 34' ea. OK	rear yd 66' OK
max hgt 35' OK	no pkg spaces 2 req'd	no ldg spaces n/a	max cover 45% OK	petition or appeal req'd ---	date appr ---

WORK INFORMATION:

Size: Length 64' Width 26' Stories 1 Ground Floor Area 1,568 sq'

Height _____ Building Volume (for demo. permit) _____ cu. ft.

Electrical: Install new service, wiring and devices.
brief description

Plumbing: Install water lines, drainage lines, and fixtures.
brief description

Mechanical: Install forced warm air heating system.
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

Additional Information: SEE ATTACHED ADDENDUM:

Date 9/30/77 Applicant Signature Eugene Hogrefe
owner-agent

APPLICATION FOR PERMIT TO TAP SEWER

(Print or Type)

Owner HOGREFE NO. _____
Address ~~115 FAIR ST~~ E RIVERVIEW BLDG. PERMIT _____
Contractor RON MEYERS PERMIT FEE \$ _____
Address W PERRY ST. Tel. _____ DATE PAID _____
for office use only

LOCATION OF CONNECTION

Street and No. 415 FAIR ST Sanitary Storm _____
Lot No. _____ Subdivision FAIRGROUNDS ADD Size of Tap 6"
Size and Type of Sewer PVC ALL WORK MUST BE INSPECTED

I certify that the sewer will be used only as indicated and no other Drainage will be connected.

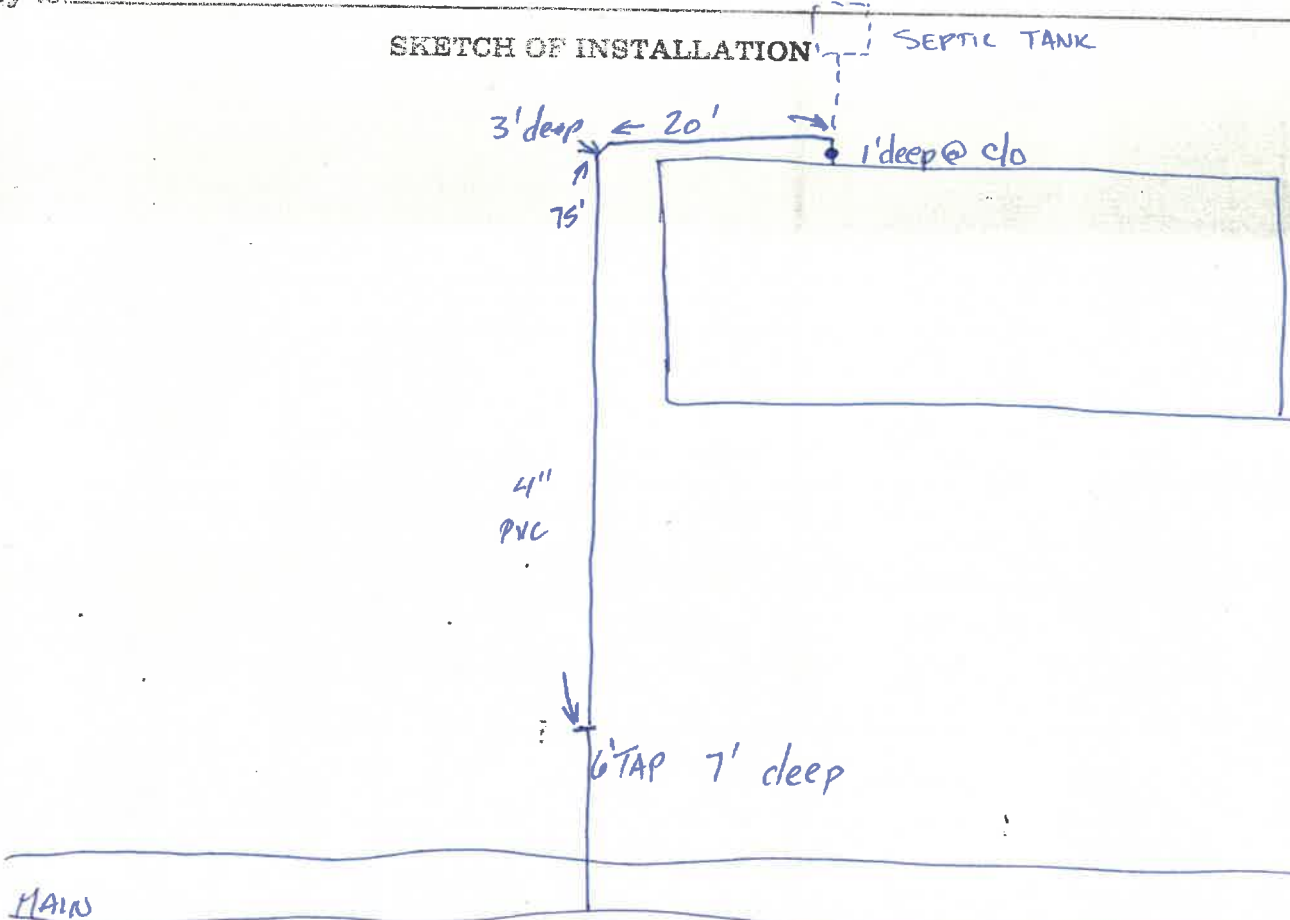
Date _____ Signature _____ owner-builder-agent
do not write below this line

INSPECTION RECORD

Date Inspected 7-30-80 Size and Type of Sewer 4" PVC
Location SIDE to FRONT Depth SEE DRWG Type of Test N/A
Inspected and Approved By: Bruce Wierand 7-30-80
Inspector Date
Additional Information SEPTIC TANK NOT FILLED. OWNER SHOULD ADVISE CITY
when this is done

Send copy to: _____

SKETCH OF INSTALLATION



RESIDENTIAL PLAN CORRECTION SHEET

CITY OF NAPOLEON, Building Dept.
 255 West Riverview Avenue
 Napoleon, Ohio 43545
 (419) 592-4010

ADDENDUM to Permit No. 836-77
 Owner E. HOGREFE
 Location 415 FAIR ST

Please note the Items checked below and incorporate them into your plans as indicated: Permit not yet issued
 Correct Plans and Re-Submit. Permit Issued Incorporate the Items during construction.

GENERAL	
<input checked="" type="checkbox"/> Provide 1 approved smoke detector.	<input type="checkbox"/> Show size of members supporting porch roof.
<input checked="" type="checkbox"/> Provide 1 hour fire wall and/or ceiling between garage and dwelling.	<input type="checkbox"/> Provide double top plate.
<input checked="" type="checkbox"/> Provide (Class B) 1 hour fire rated door from garage to dwelling.	<input type="checkbox"/> Provide design data for pre-fab. wood truss/members.
<input checked="" type="checkbox"/> Submit fully dimensioned plot plan.	<input type="checkbox"/> Ceiling joists undersized in.....
<input type="checkbox"/> Provide 1-3'0" x 6'8" exit door.	<input type="checkbox"/> Roof rafters undersized in.....
<input checked="" type="checkbox"/> Provide min. 22" x 30" attic access.	PLUMBING AND MECHANICAL:
<input type="checkbox"/> Provide min. 18" x 24" crawl space access opening.	<input checked="" type="checkbox"/> Terminate all exhaust systems to outside air.
LIGHT AND VENTILATION:	<input checked="" type="checkbox"/> Insulate ducts in unheated areas.
<input type="checkbox"/> Provide mechanical exhaust or window in bathroom.....	<input checked="" type="checkbox"/> Provide back flow device on all hose bibs.
<input checked="" type="checkbox"/> Provide Min. <u>753</u> sq. in. net free area attic ventilation.	ELECTRICAL:
<input type="checkbox"/> Provide min. _____ sq. in. net free area crawl space ventilation.	<input checked="" type="checkbox"/> Show location of service entrance and service equipment panel.
FOUNDATION:	<input checked="" type="checkbox"/> G.F.C.I. req'd. on Temp. Electric.
<input type="checkbox"/> Min. depth of foundation below finished grade 30".	<input checked="" type="checkbox"/> Outdoor and bathroom receptacles shall be protected by G.F.C.I.
<input type="checkbox"/> Min. size of footer....." x"	METAL VENEERS:
<input type="checkbox"/> Provide anchor bolts 1/2" @ 8' o.c. 1' from each corner. Embedded 8" concrete and 15" in masonry.	<input type="checkbox"/> Contact City Utilities Dept. to remove conductors and/or meter.
<input checked="" type="checkbox"/> Show size of basement columns.	<input type="checkbox"/> Provide 18" x 18" x 3/4" wood backer for meter base.
FRAMING:	<input checked="" type="checkbox"/> Provide approved system of grounding and bonding.
<input type="checkbox"/> Show size of wood girder in.....	MISCELLANEOUS:
<input type="checkbox"/> Provide design data for structural member in.....	<input type="checkbox"/> Provide backwater valve in sub-soil drain tile.
<input type="checkbox"/> Floor joists under sized in.....	<input type="checkbox"/> Provide approved sheathing and flashing behind masonry veneer.
<input type="checkbox"/> Provide double joists under parallel partitions.	<input type="checkbox"/> Provide 15# felt underlayment on roof.
<input type="checkbox"/> Provide 1" x 4" let in corner bracing or approved sheathing.	<input type="checkbox"/> Provide adequate fireplace hearth extensions
<input type="checkbox"/> Show size of headers for openings over 4' wide.	<input type="checkbox"/> Install factory built fireplaces/stoves according to manufacturers recommendations.
	<input type="checkbox"/> Terminate chimney 3' above roof or 2' above highest point of building within 10' of chimney.

ADDITIONAL CORRECTIONS:

The approval of plans and specifications does not permit the violation of any section of the Building Code, or other City Ordinance or State Law. This addendum is attached to Permit No. 836-77 and made a part thereof.

Date Approved or Disapproved 9-28-77

Checked By Donald P. Sonnenberg
Plan Examiner

Date Rechecked and Approved _____

Checked By _____

851-87
1954
418

1954
11

X

XXXXXX

XXXXXX

XXX

1954
11

1954
11

\$54.00

The undersigned hereby certifies that the above information is true and correct to the best of his knowledge and belief, and that he is not a party to any fraud or other illegal transaction in connection with the above information.

EUGENE HOGREFE

ST. RT. 424 E., NAPOLEON, O.

EUGENE HOGREFE

ST. RT. 424 E., NAPOLEON 592-2831

415 FAIR ST.

16 # 17

ADDITIONAL INFORMATION:

Single Double Attached Detached

Additional Attached

Brief Description of Work:

Size: Length 40' Width 26' No. of stories 1

Floor Area: 1st Floor 1040 Sq. Ft. 2nd Floor 1040 Sq. Ft.

Unfinished Area 528

Foundation: Piers Full Basement

Concrete 10"

Walls: Frame

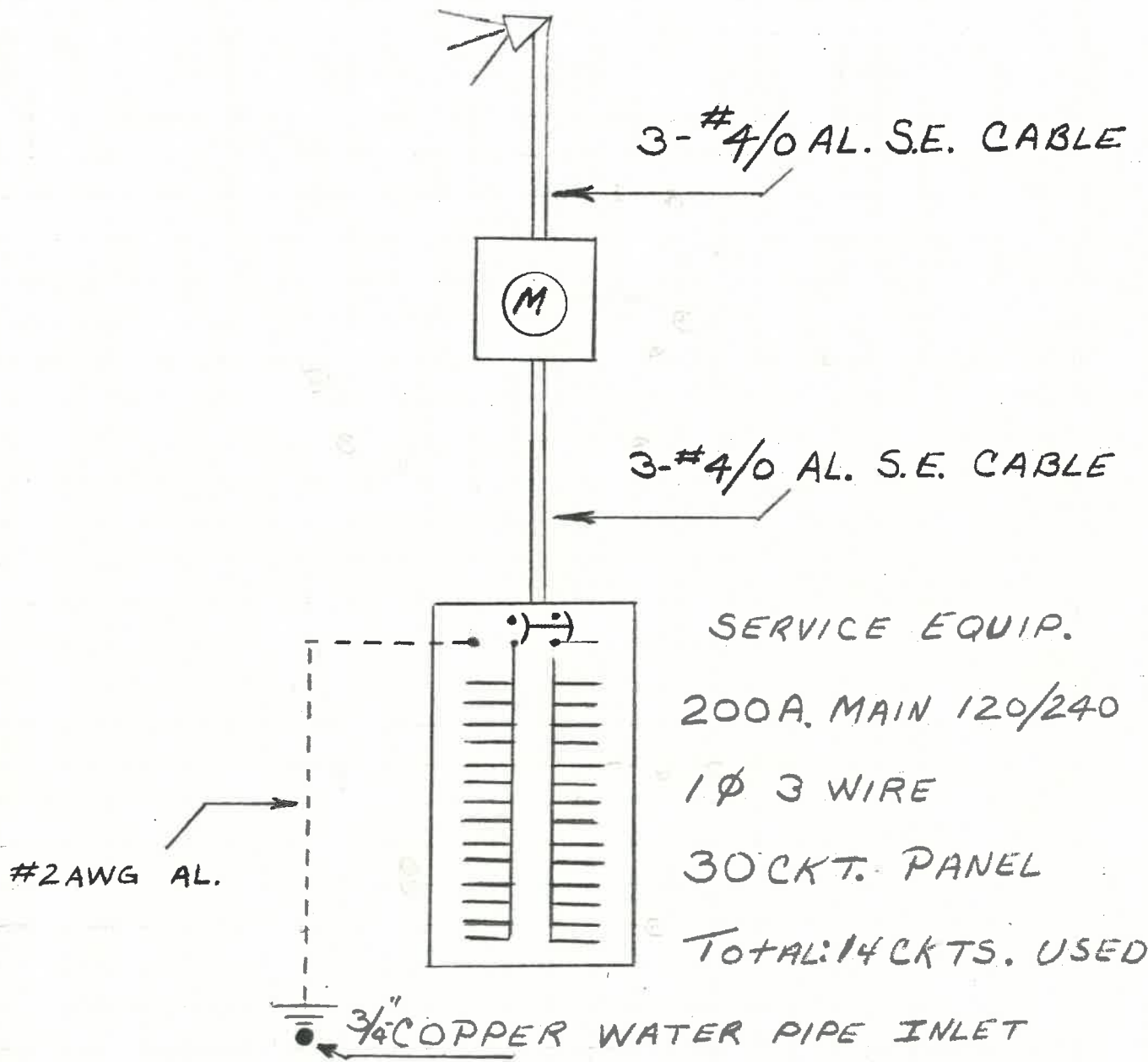
ALUMINUM

APPLICATION FOR BRIGHT WORK IS NECESSARY IN THE FINISHING STAGE OF WORK INCLUDING: ELECTRIC, PLUMBING, PAINTING, ETC. IF ADDITIONS OR REMOVALS SHOW ALL CHANGES AND LOCATIONS.

\$30,000.00 Total w/ labor

ESTIMATED COST OF WORK \$25000

DATE _____ Mr. Eugene Hogrefe



RISER DIAGRAM

CITY OF NAPOLEON
 BUILDING INSPECTION DEPARTMENT
 APPLICATION FOR ELECTRICAL PERMIT
 (PLEASE PRINT OR TYPE)

The undersigned hereby makes application for the installation, replacement, or alteration of electrical equipment as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Electrical Code for 1, 2 and 3 Family Buildings.

Owner's Name EUGENE HOGREFE Address ST, RT. 424 E., NAPOLEON, O.
 Contractor's Name SHERMAN SMITH Address ST, RT. 108 N., NAPOLEON Tel 592-7791

LOT INFORMATION:

Location of Project FAIR ST. LOT 16 Zoning District _____

BUILDING INFORMATION:

Single Family Double Family _____ Multiple Family _____
 New Construction Existing _____ Addition _____
 Replacement _____ Remodel _____ Service Change _____
 Size: Total Square Foot. Per Floor 1040 No. of Stories 1

DESCRIPTION OF WORK:

Size of Service 200 AMP. Service Change Only NO (Yes or No)

Total Number of New Circuits 30 Total Number of New Circuits Excluding Appliance Circuits _____

APPLIANCE CIRCUITS: (Indicate quantity)

Electric Range Range Hood _____ Clothes Dryer Dishwasher _____
 Air Conditioning _____ Attic Fan Blower _____ Room Exhaust Fan _____
 Stove _____ Hot Water Heater Electric Oven _____

Require Temporary Wiring YES (Yes or No)

Note: C.F.I.C. required for all temporary electric with approved ground rod at service.

APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: ELECTRICAL DRAWING AND RISES MANIFEST.

ESTIMATED COST OF COMPLETED PROJECT: _____

DATE _____ APPLICANT'S SIGNATURE Eugene Hogrefe
 OWNER-CONTRACTOR-AGENT

4
 17
 .60
 10.20

30
 29 1.00
 3 3.00
 26 6.75
 9 10.20
 17 20.95

CITY OF NAPOLEON
BUILDING INSPECTION DEPARTMENT
APPLICATION FOR PLUMBING PERMIT
(PLEASE PRINT OR TYPE)

3.00
+ 5.00
8.00

The undersigned hereby makes application for the installation, replacement or alteration of plumbing system or device as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Plumbing Code for 1, 2 and 3 Family Buildings.

Owner's Name EUGENE HOGBEFE Address ST. RT. 424 E., NAPOLEON, O.

Contractor's Name MEYERS PLUMBING Address 829 N. PERRY, NAPOLEON Tel. 592-6771

BUILDING INFORMATION:

Single Family Double Family _____ Multiple Family _____ New Construction

Addition _____ Remodel _____ Replacement _____ No. of Stories 1

DESCRIPTION OF WORK

Drainage Pipe of: Cast Iron _____ Copper _____ Other _____

Size of Main Building Drain: 4" Other _____

Size of Main Vent Stack: 3" 4" _____ Other _____

Require Water Tap: YES (Yes or No) Require Sewer Tap: YES

Size and Type of Water Tap _____

Size and Type of Sewer Tap _____ Type of Joints _____

No. of Water Closets 1 No. of Sump Pumps _____

No. of Bathtubs 1 No. of Lavatories 1

No. of Kitchen Sinks 1 No. of Automatic Washers 1

No. of Disposals _____ No. of Hot Water Heaters 1

No. of Dishwashers _____ No. of Shower Receptors _____

No. of Floor Drains _____ Other (specify) _____

Storm Drainage Outlet to: Storm Sewer _____ Other _____

APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF A DRAINAGE ISOMETRIC, WITH ALL PIPES AND TRAPS PROPERLY SIZED. MUST INDICATE TOTAL DRAINAGE FIXTURE UNIT VALUE (dfu).

ESTIMATED COST OF COMPLETED PROJECT: _____

DATE _____ APPLICANT'S SIGNATURE M. Eugene Hogbefe
OWNER-CONTRACTOR-AGENT

HENRY COUNTY DISTRICT BOARD OF HEALTH
COURT HOUSE
NAPOLEON, OHIO

PHONE 592-0936

PERMIT - SEWAGE DISPOSAL

This is to certify that Eugene and Barbara Hogrefe
RFD # 1, Napoleon, Ohio 43545

is hereby granted a permit for the installation of a sewage disposal system (septic tank or sewage disposal system) -
on the property located at
16 & 17 Fairground Addition in Napoleon Twp.

and owned by: Eugene & Barbara Hogrefe

This permit is issued upon the condition that all work will be carried out according to the legal provisions regulating the installation and operation of privies, privy vaults, sewerage, and sewage disposal equipment. It may be revoked at any time for failure to comply with the orders and regulations of the Board of Health.

PERMIT NO. 4134

ISSUED September 27, 19 77

Wilson G. Stoughans
Health Commissioner -

E. Holtsherry
Sanitarian

INSPECTOR'S RECORD

Sewage tank _____

Filter bed or tile field _____

Sink drain _____

Laundry drain _____

Sewer _____



CITY OF NAPOLEON
BUILDING INSPECTION DEPARTMENT
APPLICATION FOR HEATING PERMIT
(PLEASE PRINT OR TYPE)

\$ 6.00

The undersigned hereby makes application for the installation, replacement or alteration of a heating system or device as herein specified, agreeing to do all such work in strict accordance with the City of Napoleon's adopted Mechanical Code for 1, 2 and 3 Family Buildings.

592-2881

Owner's Name EUGENE HOGREFE Address ST. RT. 424 E., NAPOLEON, O.

Contractor's Name MEYERS PLUMBING Address 829 W. PERRY, NAPOLEON Tel 592-6771

BUILDING INFORMATION:

Single Family Double Family _____ Multiple _____ New Construction

Addition _____ Remodel _____ Replacement _____ No. of Stories 1

DESCRIPTION OF WORK

Heating System - Warm Air Hot Water _____ Steam _____ Electric _____

Unit Heaters _____ Unit Gas Heaters _____ Other _____

Type - Gravity _____ Forced Radiant _____

No. of Thermostatical Heating Zone _____

Hot Water - One Pipe _____ Two Pipe _____ Series Loop _____

Electric Heat - No. of Circuits _____ Other _____

Total Heat Loss of Area to be Heated _____

Rated Capacity of Furnace/Boiler _____

No. of Furnaces 1 No. of Hot Air Rings 7

No. of Hot Water Radiators _____ Type of Fuel _____

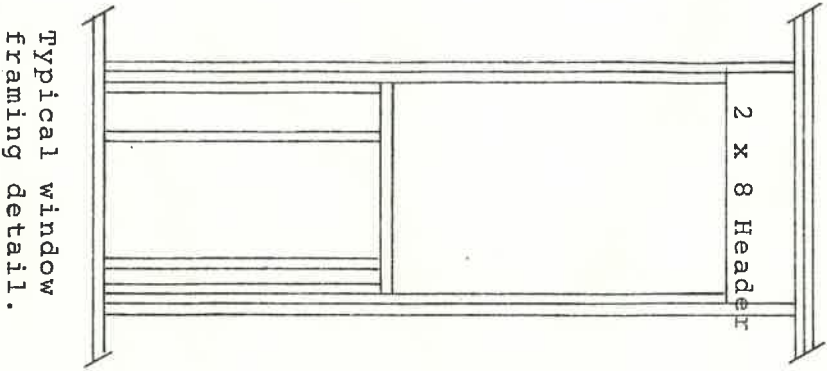
Heating Units Located: Crawl Space _____ Floor Level _____ Suspended _____

Roof or Exposed to Outside Air _____ Attic _____ Other BASEMENT

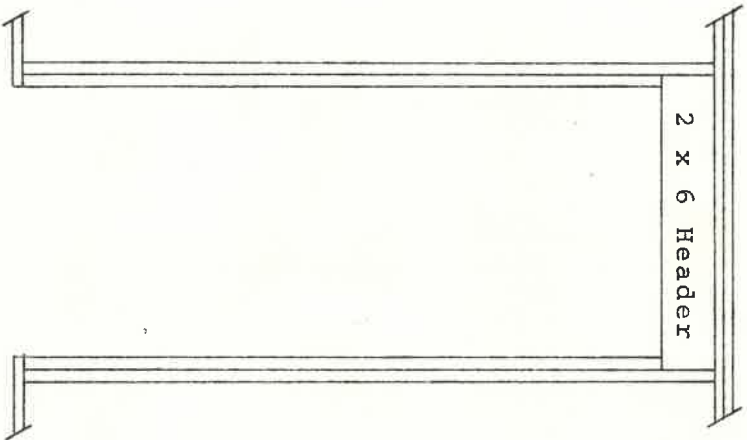
APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: LOCATION OF FURNACE OR UNIT HEATERS AND SIZE AND LOCATION OF FEEDER DUCTS AND RETURN AIR DUCTS. ALL PLANS SHALL BE DRAWN TO SCALE.

ESTIMATED COST OF COMPLETED PROJECT: _____

DATE _____ APPLICANT'S SIGNATURE Eugene Hogrefe
OWNER-CONTRACTOR-AGENT



Typical window
framing detail.



Typical door
framing detail.

BLUE STAR HOMES

DIVISION OF BLUE STAR MFG.
MANTON MICHIGAN

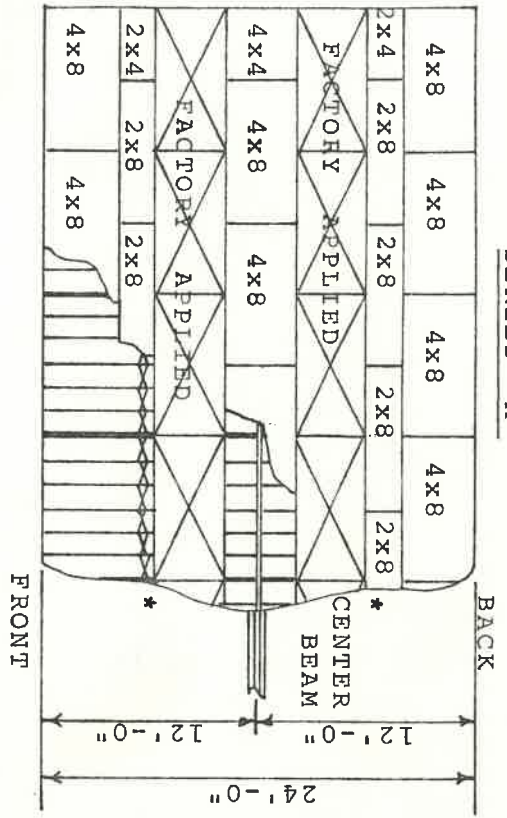
FRAMING
FRAMING DETAIL

SCALE
1/2" = 1'

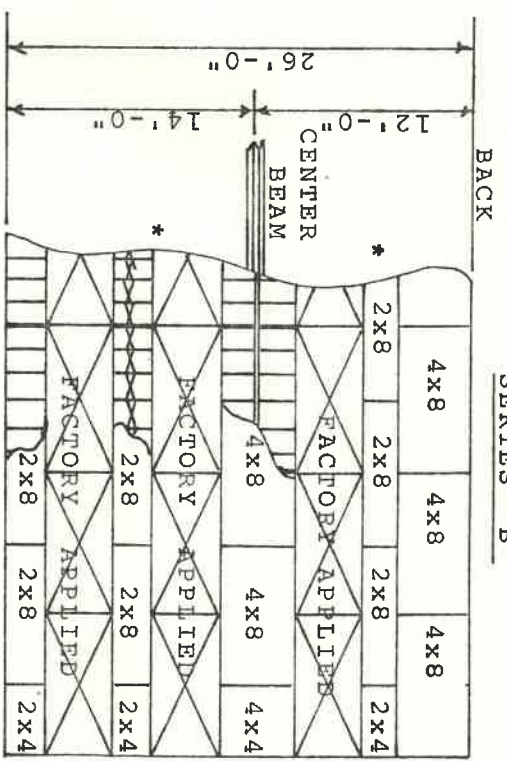
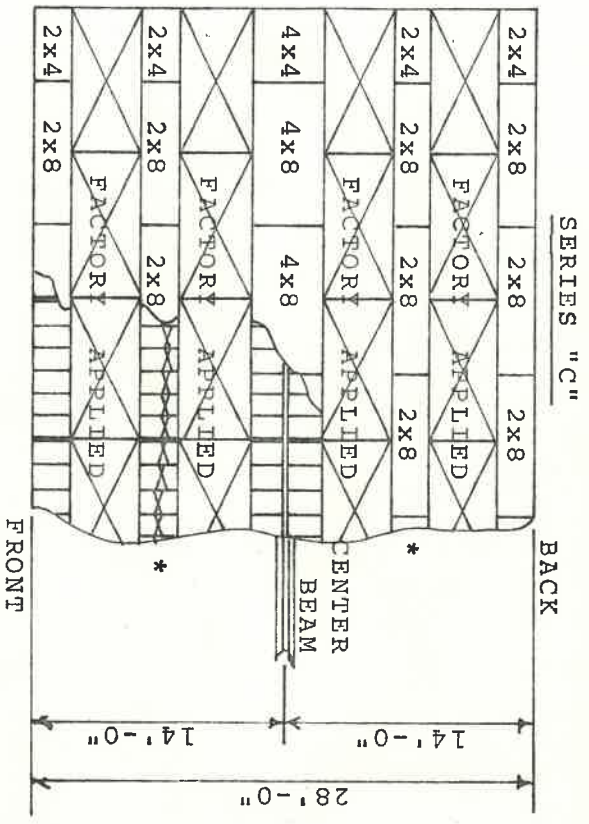
DRAWN BY
KLG

DRAWING NO.
-28-74

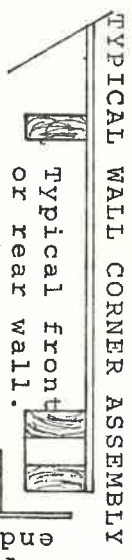




* STEEL BRIDGING--FIELD APPLIED



NOTE:
Corner on front ell is opposite of this detail.



Typical front or rear wall.
Plywood overhangs on end wall sect. only.

BLUE STAR HOMES

DIVISION OF BLUE STAR MFG
MANTON, MICHIGAN

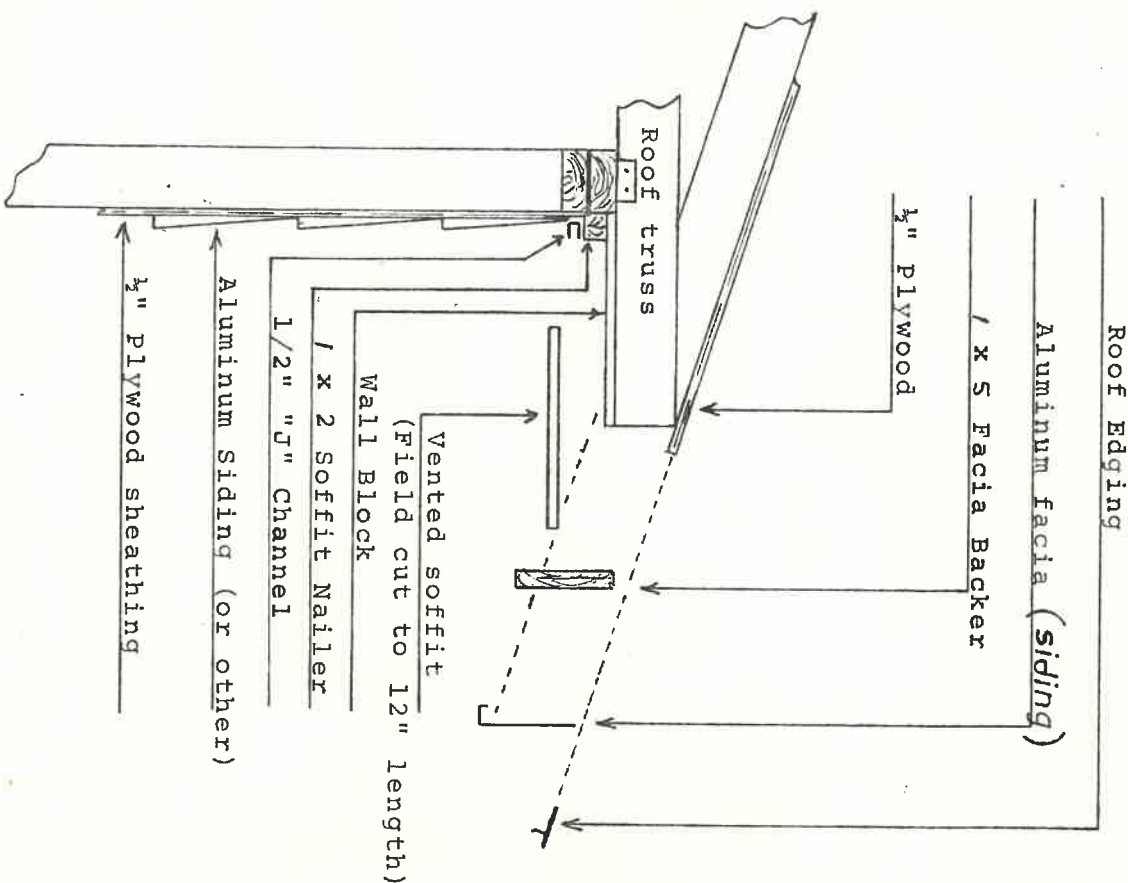
CONTENTS
FLOOR SECT., LAYOUT

SCALE
3/32"=1ft

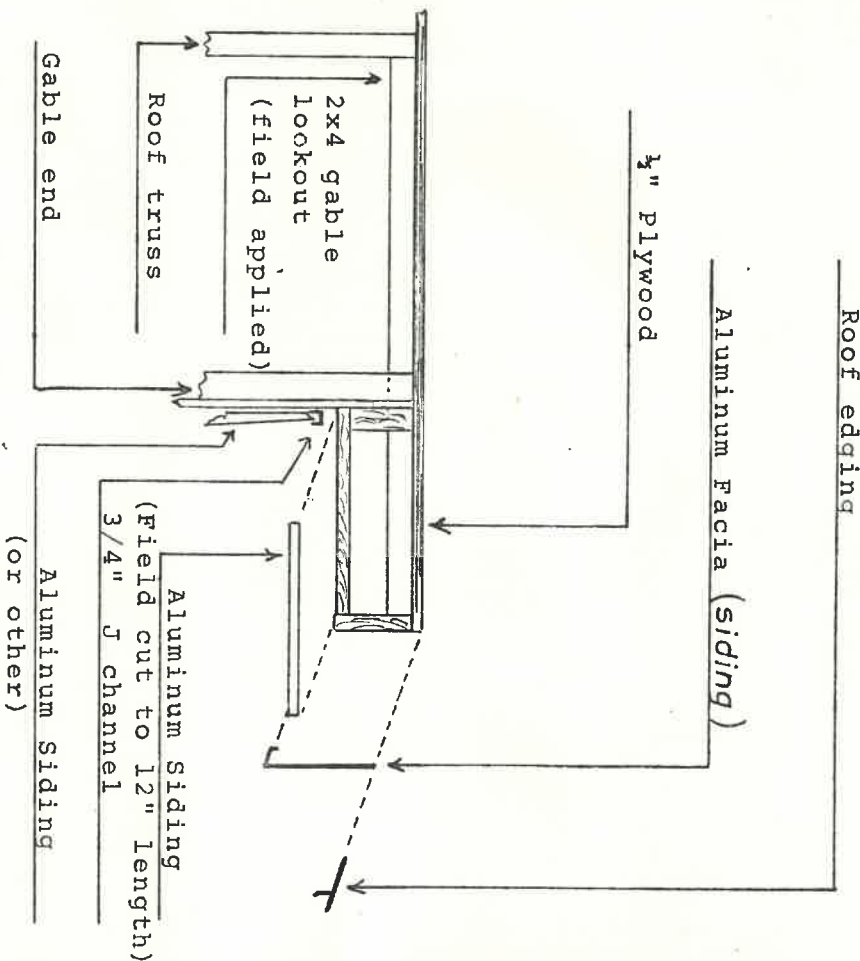
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KLG

DRAWING NO.
6-16-75

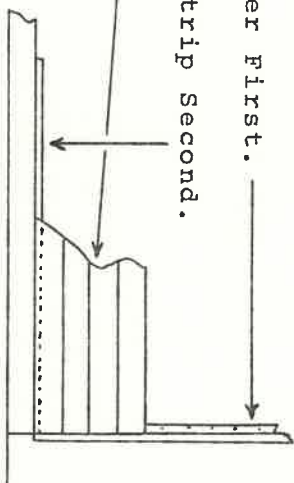
FRONT AND REAR SOFFIT DETAIL



GABLE END SOFFIT DETAIL



1. Apply Post Corner First.
2. Apply Starter Strip Second.
3. Apply Siding.



BLUE STAR HOMES

DIVISION OF BLUE STAR MFG
MANTON, MICHIGAN

CONTENTS SIDING AND
SOFFIT DETAIL

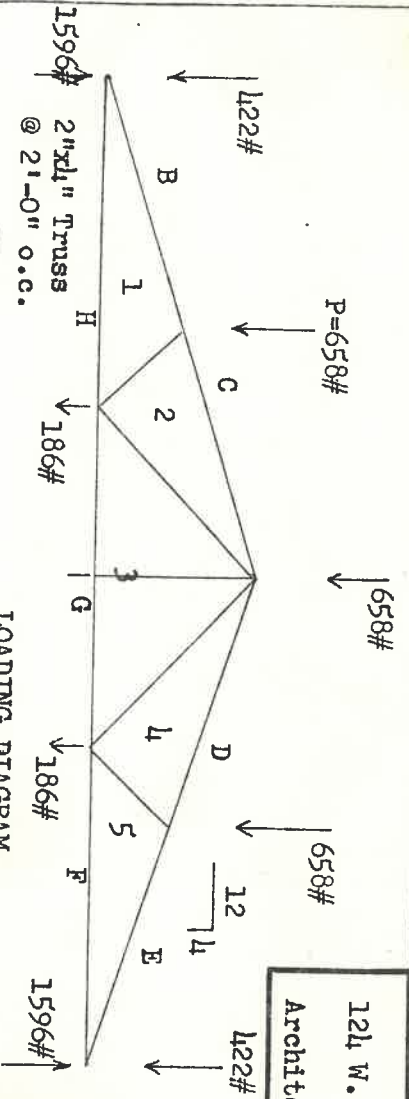
SCALE
3/32"=1"

DRAWN BY
KLG

DRAWING NO.
6-6-75

GOURDIE - FRASER & ASSOCIATES, INC.
 124 W. State, Traverse City, Mich. 49684 -
 105 E. Wash., Marquette, Mich. 49855
 Architects - Engineers - Land Planners - Land Surveyors

Dwn: KBL	Date: 1-11-76	Sh't: 1 of 1
Gk'd: RRG	Rev.: 7/1101	

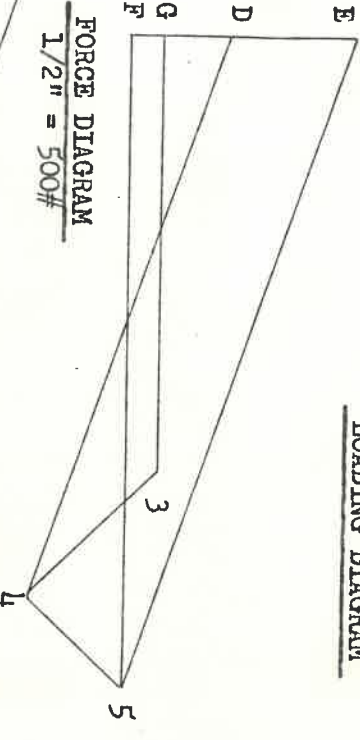


DESIGN: According to HUD 4950.2, American Institute of Timber Construction and uniform building code 1973.
DESIGN LOADING:
 Top Chord Live Load 40 PSF
 Top Chord Dead Load 7 PSF
 Bottom Chord Live Load 0
 Bottom Chord Dead Load 10 PSF

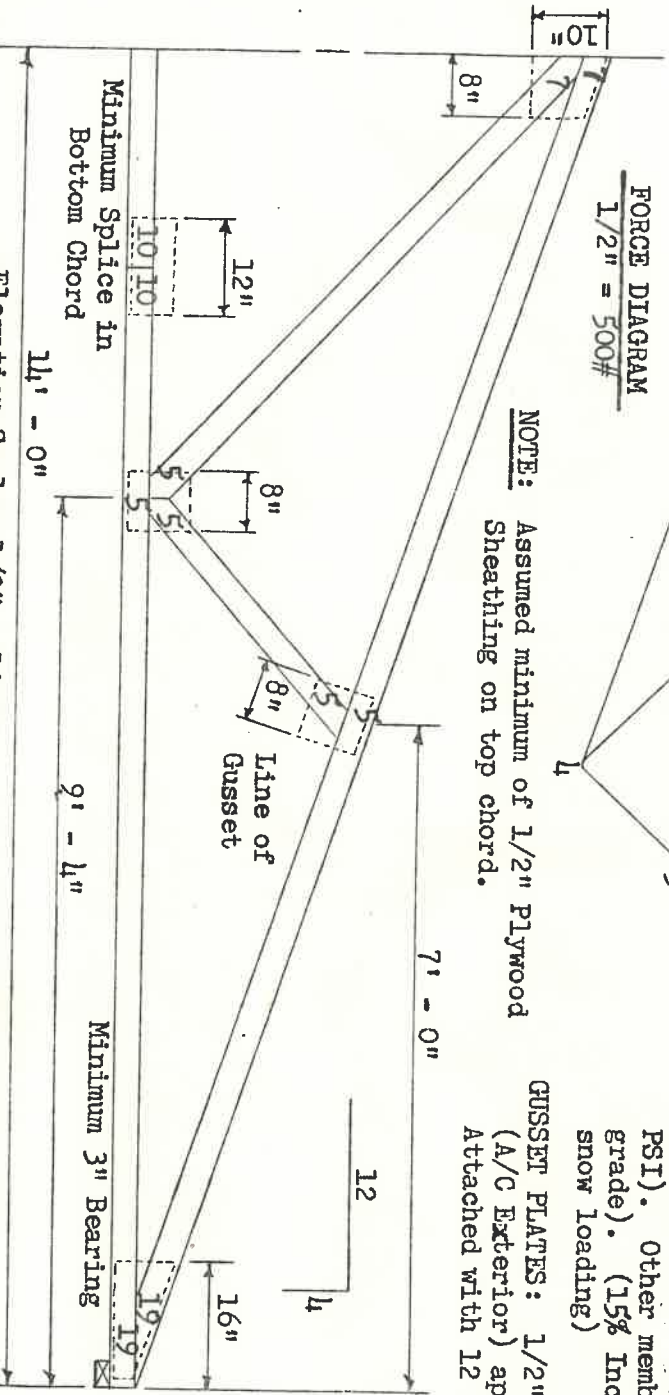
LUMBER: Allowable stresses, properties, design values, according to American Institute of Timber Construction (1966). All members 2" x 4". Top Chord - No. One (1) (Stress Grade 1650 PSI). Other members - No. 2 or btr. (Const. grade). (15% Increase in stresses allowed for snow loading)

GUSSET PLATES: 1/2" 4x5 ply-fir Plywood DF.P.A. (A/C Exterior) applied each side of connection. Attached with 12 gauge staples (According to HUD - FHA Bulletin No. UM-25c).

Number in circle indicates the number of staples in each member on each side of truss.



NOTE: Assumed minimum of 1/2" Plywood Sheathing on top chord.



Elevation Scale 1/2" = 1'-0"

BLUE STAR HOMES

DIVISION OF BLUE STAR MFG
MANTON, MICHIGAN

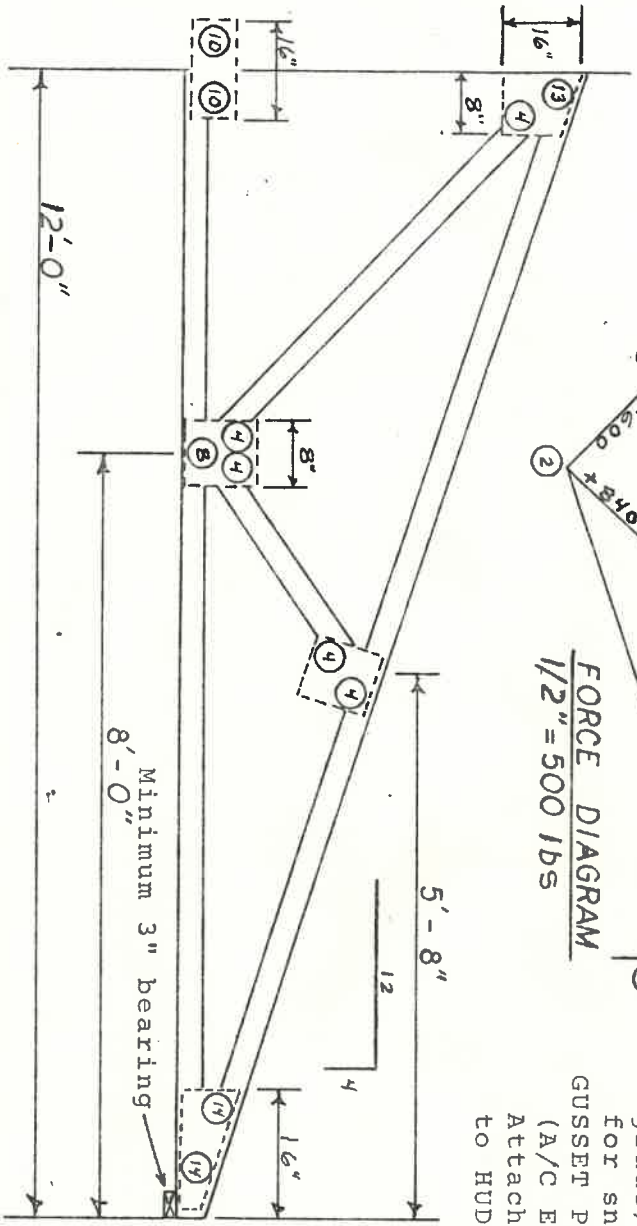
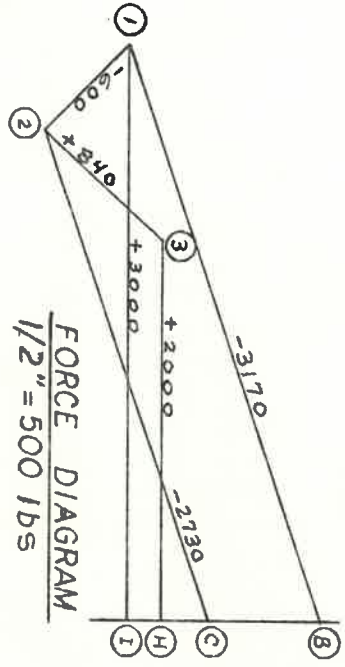
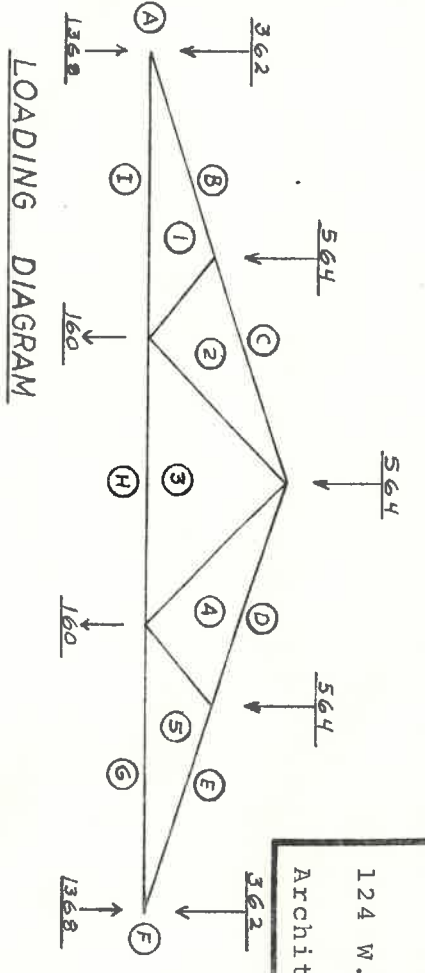
CONTENTS
ROOF TRUSS

SCALE
As noted

DRAWN BY DR KING NO. 8-74



GOURDIE - FRASER & ASSOCIATES, INC.
 124 W. State, Traverse City, Mich. 48684
 105 E. Wash., Marquette, Mich. 49855
 Architects - Engineers - Land Planners - Land Surveyors



Dwn; KBL	Date: 1-11-76	Sh't: 1 of 1
Ck'd: RRG	Rev.: 74101	

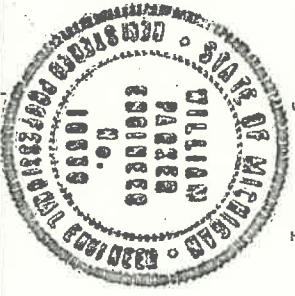
DESIGN: According to HUD 4950.2, American Institute of timber Construction and uniform building code 1973.
 DESIGN LOADING: Top Chord Live Load---40 PSF
 Top Chord Dead Load-----7 PSF
 Bottom Chord Live Load--0 PSF
 Bottom Chord Dead Load--10 PSF

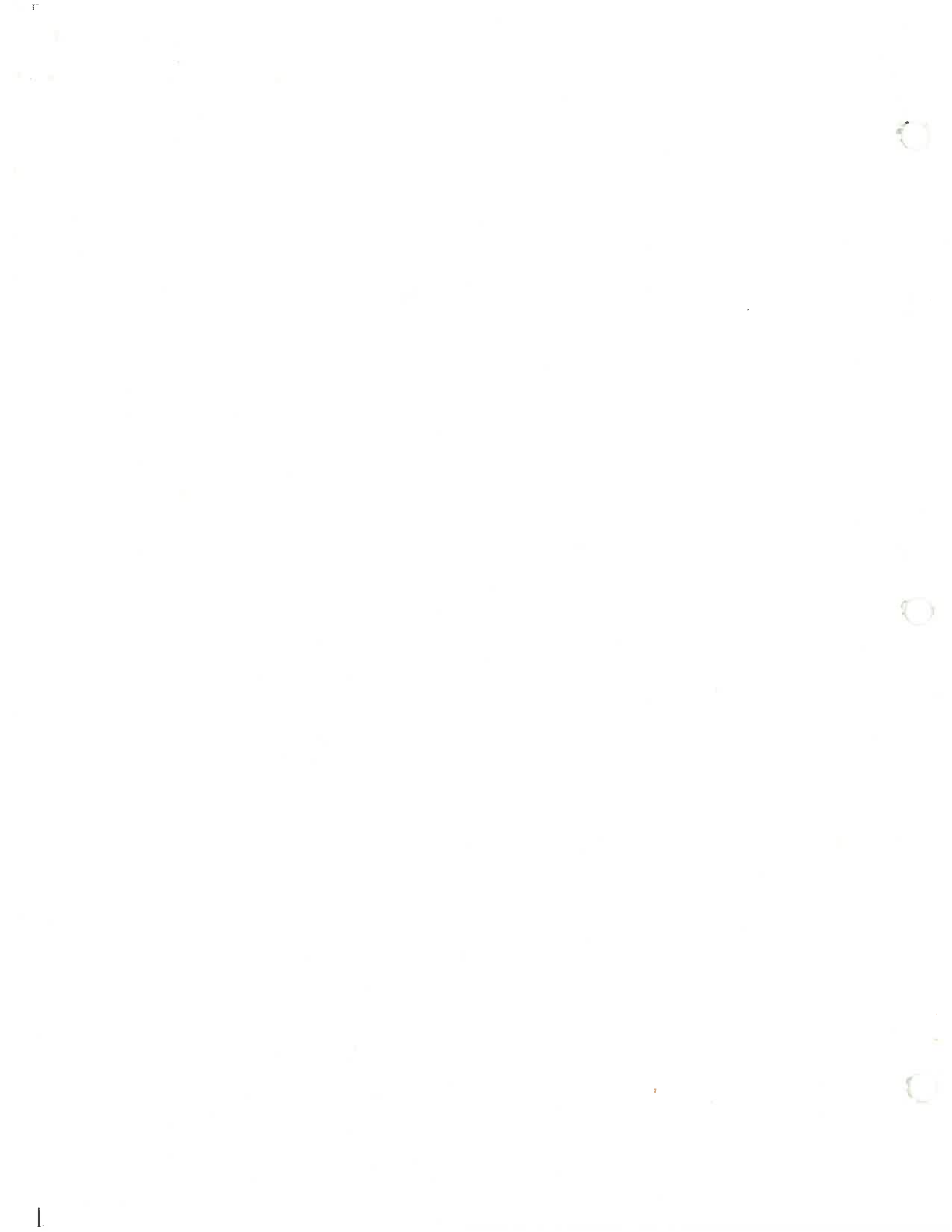
LUMBER: Allowable stresses, properties, design values, according to American Institute of Timber Construction (1966).
 All members 2"x4". Top Chord - No. One (1) (Stress Grade 1650 PSI).
 Other members - No. 2 or Better (Const. grade). (15% Increase in stresses allowed for snow loading).

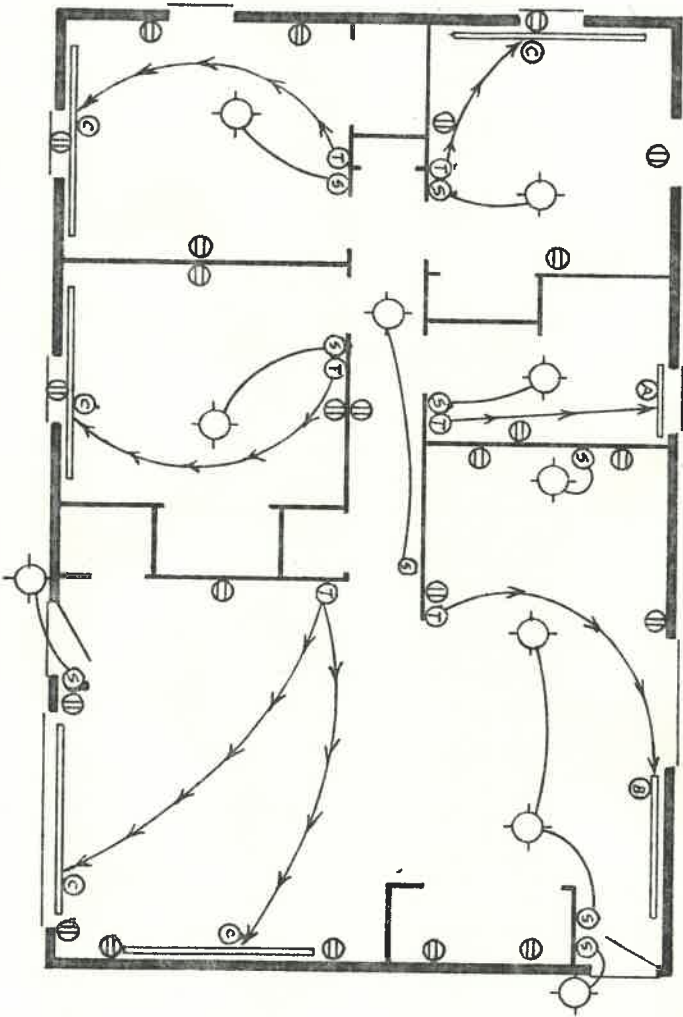
GUSSET PLATES: 1/2" 4x5 Ply-Fir Ply. DF P.A. (A/C Exterior) applied each side of conn. Attached with 12 gauge staples (According to HUD-FHA Bullitin No. UM-25c).

Number in circle indicates the number of staples in each member on each side of truss.

NOTE: Assumed minimum of 1/4" plywood sheathing on top chord.

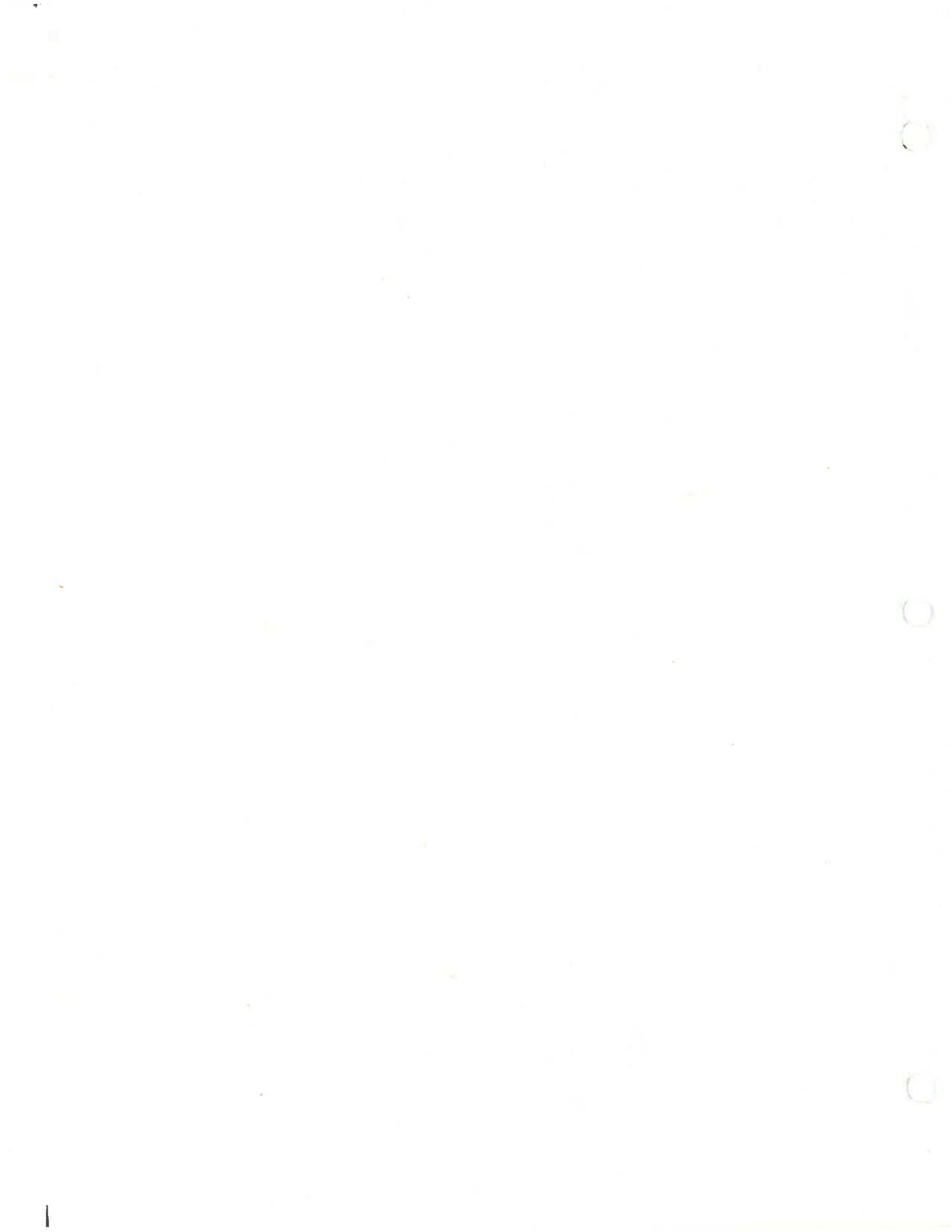


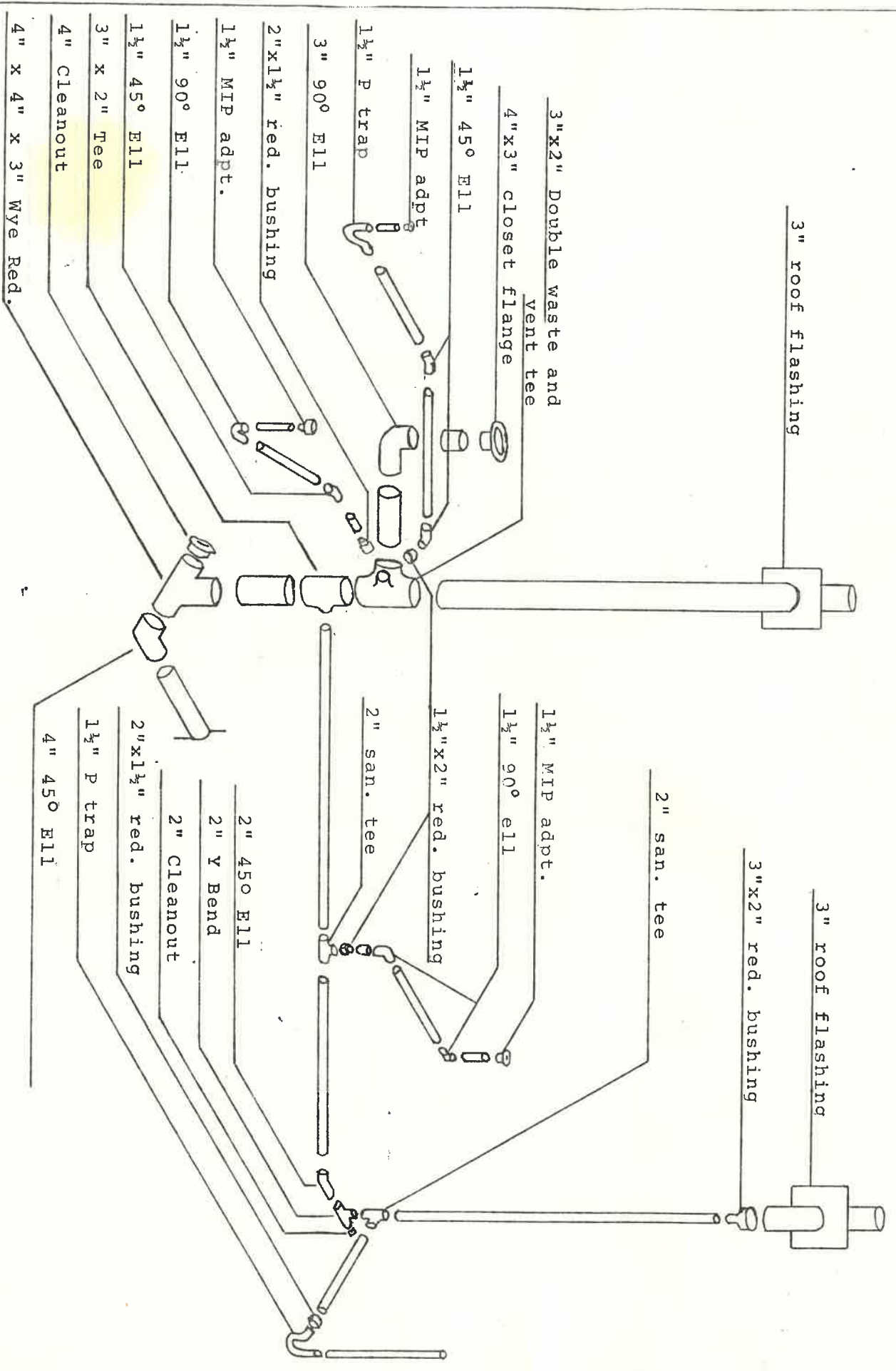




Suggested electrical and electric heating detail.

①	Wall outlets
②	Wall switch
③	Thermostats
④	Light fixtures
⑤	3' Base Heater
⑥	6' Base Heater
⑦	8' Base Heater





BL STAR HOMES

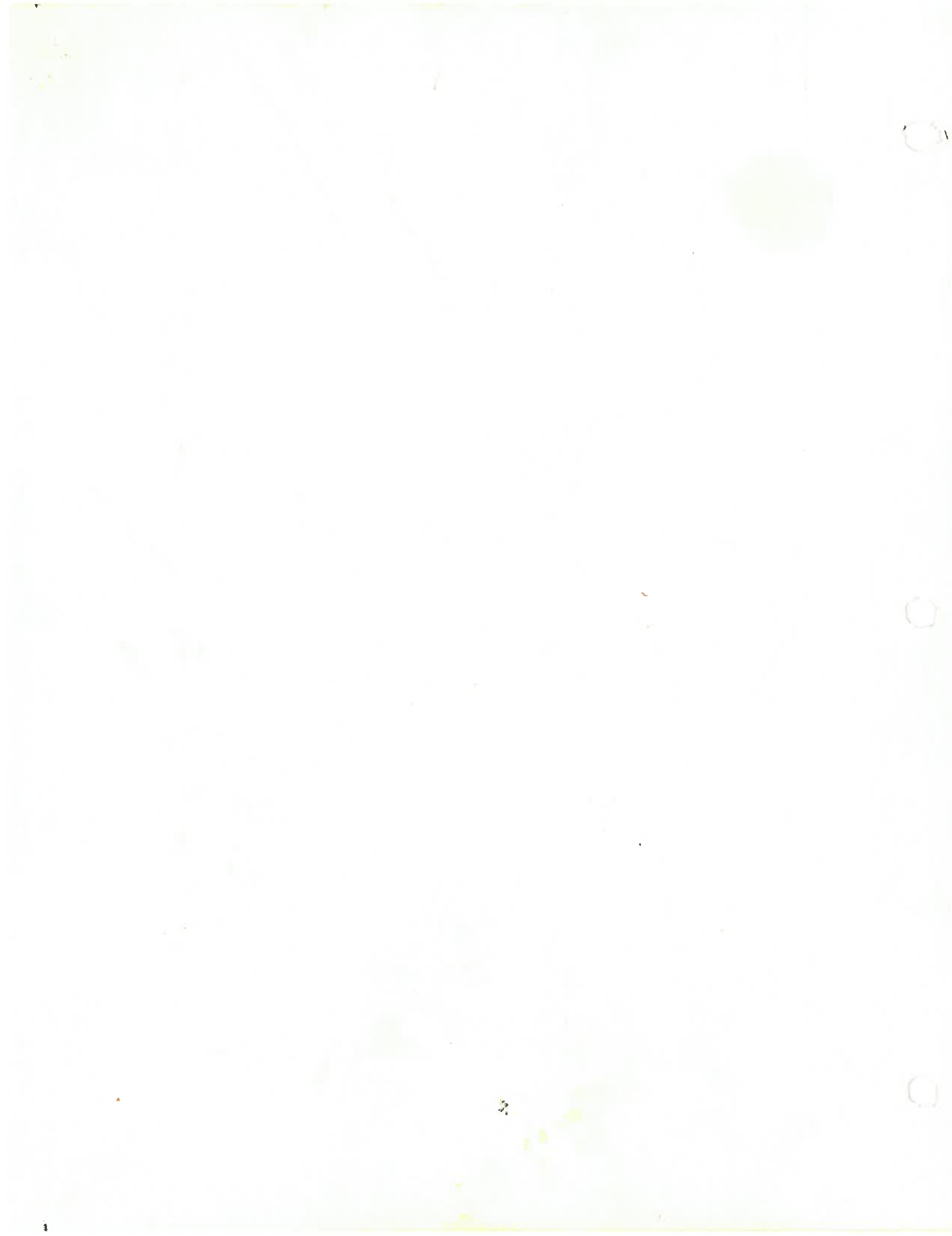
DIVISION OF BLUE STAR MFG
MANTON, MICHIGAN

INVENTORS SUGGESTED CRAWL SPACE PLUMBING

SCALE none

DRAWN BY KLG

DATE 6/3/76



CITY OF NAPOLEON

Engineering Department

ELECTRICAL INSPECTION FIELD REPORT

255 Riverview Avenue Napoleon, Ohio 43545
(Please Print or Type)

Project Name EUGENE HERRICK

Address SR 4 & V EAST

City NAPOLEON State OHIO

Approved _____

Violation _____

Electrical Contractor _____

Remarks:

Code Reference

- | | |
|---|-------------------------|
| (1) DISCONNECT MEANS REQUIRED AT SERVICE ENTRANCE | 230-70 NEC |
| (2) ALL OUTLET BOXES TO BE ACCESSIBLE - | 370-19 NEC |
| (3) GFCI DEVICES & CORRECTED WORK ENCLOSED | 300-15 NEC |
| (4) METAL BOXES GROUNDING - | 370-4 NEC |
| (5) TWO OR MORE BRANCH CCTS REQUIRED FOR ALL RECEPTACLE OUTLETS IN KITCHEN, PANTRY, BREAKFAST ROOM, DINING ROOM & FAMILY ROOM - 500W FOR EACH | 230-3 NEC |
| (6) RECEPTACLE REQUIRED OUTDOORS TO BE ON GFCI C/P | 210-25 NEC
210-8 NEC |
| (7) BIG TAIL MULTI BRANCH C/P - | 300-13 (4) NEC |
| SEE SHEET # 2 | |

Compliance Time Before Closing

Inspectors Signature Norman Howard

Copies To: _____

CITY OF NAPOLEON

(2)

Engineering Department

~~ELECTRICAL~~ INSPECTION FIELD REPORT

255 Riverview Avenue Napoleon, Ohio 43545

(Please Print or Type)

Date 7-10-78

Permit No. 836-77

Type of Inspection ROUGH FRAMING

Type of Occupancy DWELLING

Project Name HOSPEFE

Address

City NAP State OHIO

Approved

Violation

~~Contractor~~ Contractor HOSPEFE

Remarks:

Code Reference

(1.) FRAMING TO BE BOARDED & GROUNDED IN AN APPROVED MANNER. Sec. 714.4

(2.) HOUSE & GARAGE TO BE SEPARATED BY 1/2" WALLBOARD ON EACH SIDE OF WALL, EXTENDING TO THE ROOF IN THE GARAGE OR DOY WALL ENTIRE CEILING. ALSO DOOR BETWEEN GARAGE & HOUSE TO BE MIN. 1 3/8" SOLID CORE WOOD OR EQUAL. Sec. R-210

(3.) STAIRWAY HEADROOM TO CONFORM TO SEC. R-219 FIGURE A-2, (MIN. 6'6") COPY ATTACHED. Sec. R-219

Compliance Time AT ONCE

Inspectors Signature [Signature]

Copies To: HOSPEFE

SECRET

CITY OF NAPOLEON

Engineering Department

ELECTRICAL INSPECTION FIELD REPORT

255 Riverview Avenue Napoleon, Ohio 43545
(Please Print or Type)

Date 2-1-80

Permit No. 836-78

Type of Inspection Final

Type of Occupancy Res.

Project Name Hoge's

Address 415 Fair St.

City Nap State Oh

Approved

Violation

Electrical Contractor

Remarks:

Code Reference

- 1) - 150V-15 or 20A Recept in garage to be GFCI protected.
- 2) Reverse Polarity on 1 recept thru way to basement.
- 3) - NM Cable in cold air returns.
- 4) If furnace Blower motor is greater than 1/2 HP it shall be on a circuit with no other device and requires a single pole toggle sw. rated at 2x the full load current of motor.
- 5) 150V-15 or 20A Recept Required outdoors.
- GFCI -
- 6) Smoke Detector required.

Compliance Time

Inspectors Signature Howe

Copies To:

[Faint, illegible text, likely bleed-through from the reverse side of the page. The text is too light to transcribe accurately.]

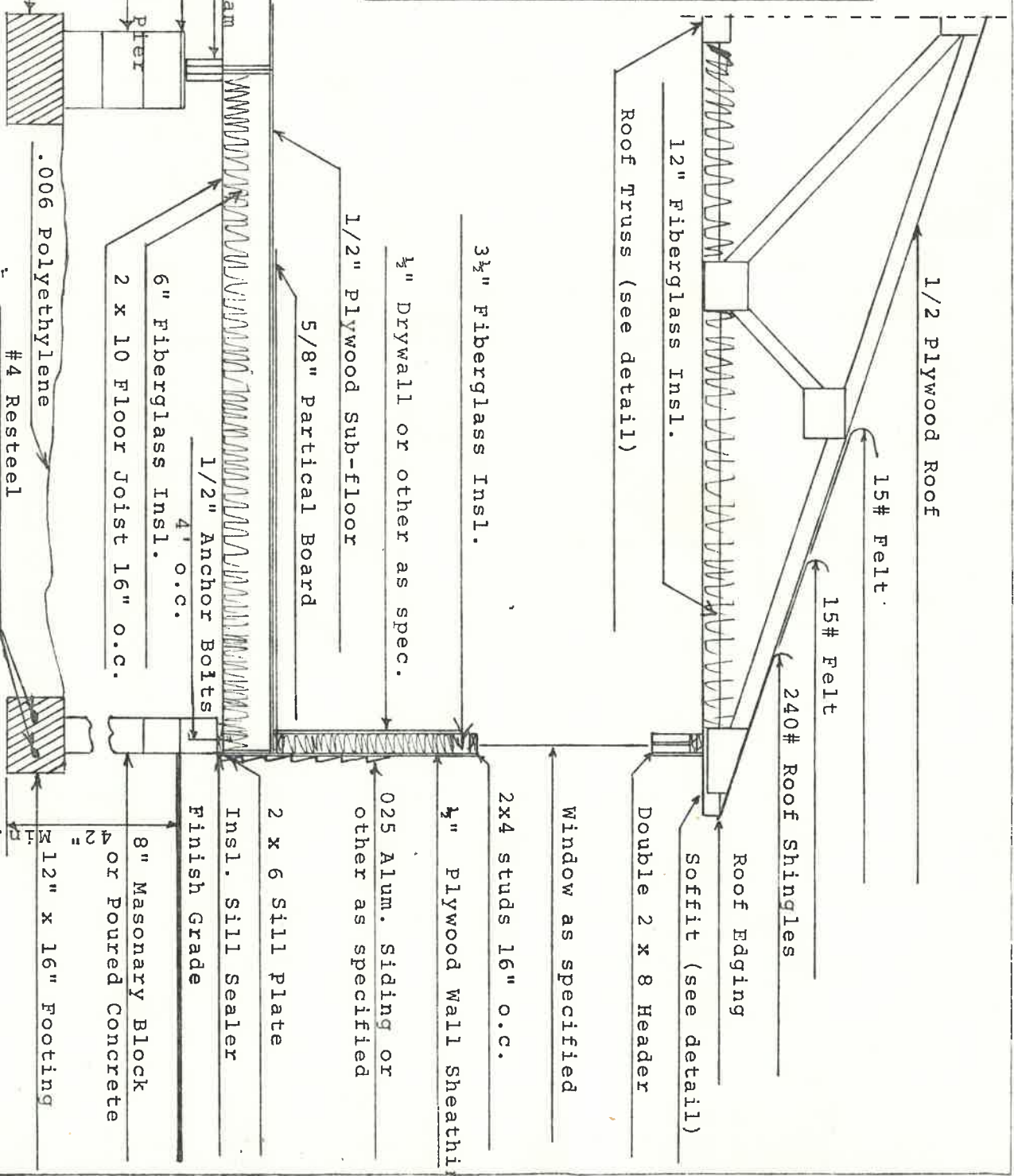
PLANS — SPECIFICATIONS

BLUE STAR HOMES

SERIES NUMBER B-2



NAILING SPECIFICATIONS	
Plywood	roof floor
Partical board	sidewalls
1 1/2" staple or 8d nail	
All framing members	
16d nails	
Asphalt roof shingles	
Shingle staple or 7/8" galv. nails.	



BLU STAR HOMES

DIVISION OF BLUE STAR MFG.
MANTON MICHIGAN

CONTENTS
Typical Cross Section

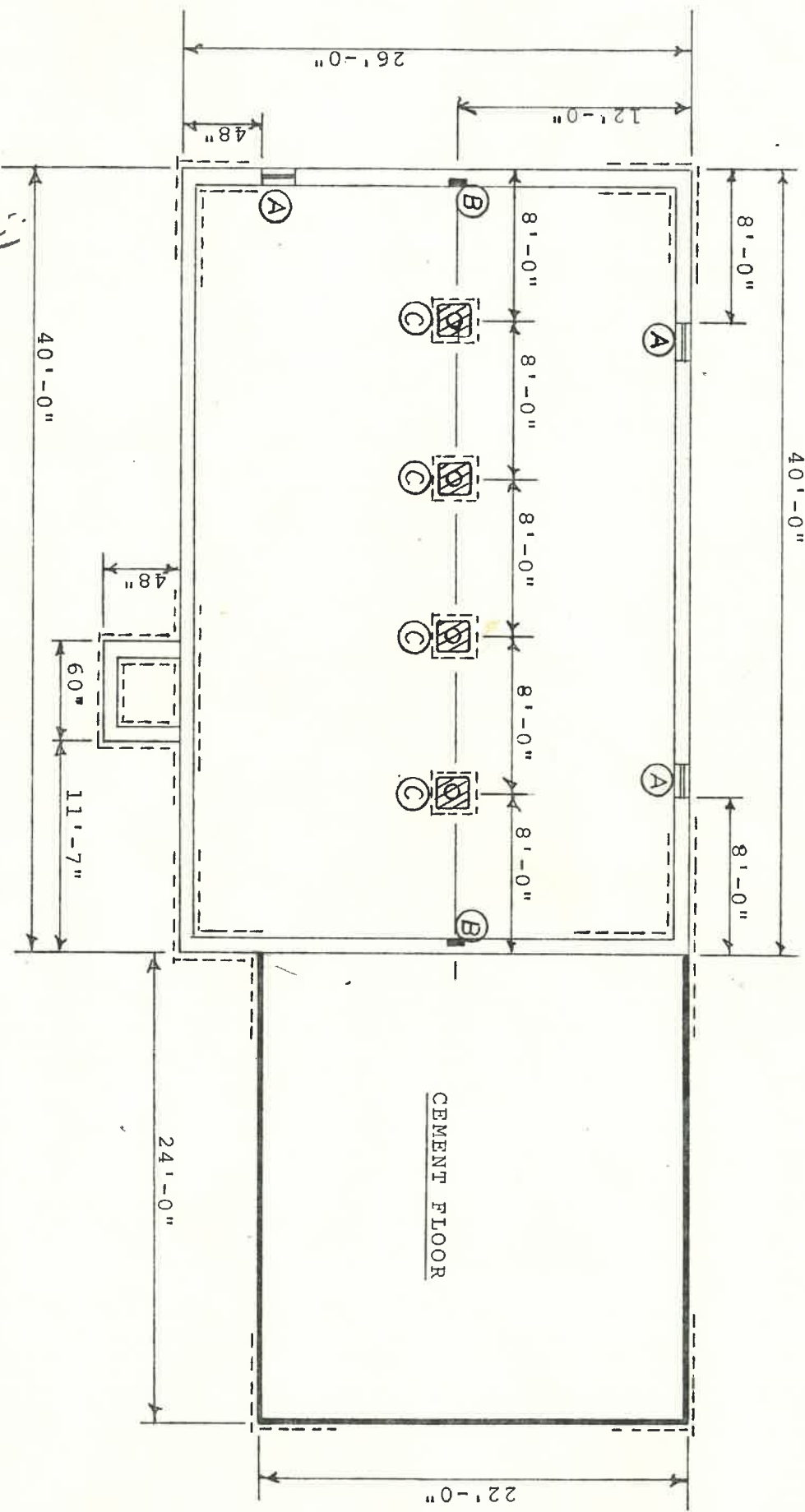
SCALE
3/8" = 1ft

DRAWN BY
KLIG
DWG NO.
28-74

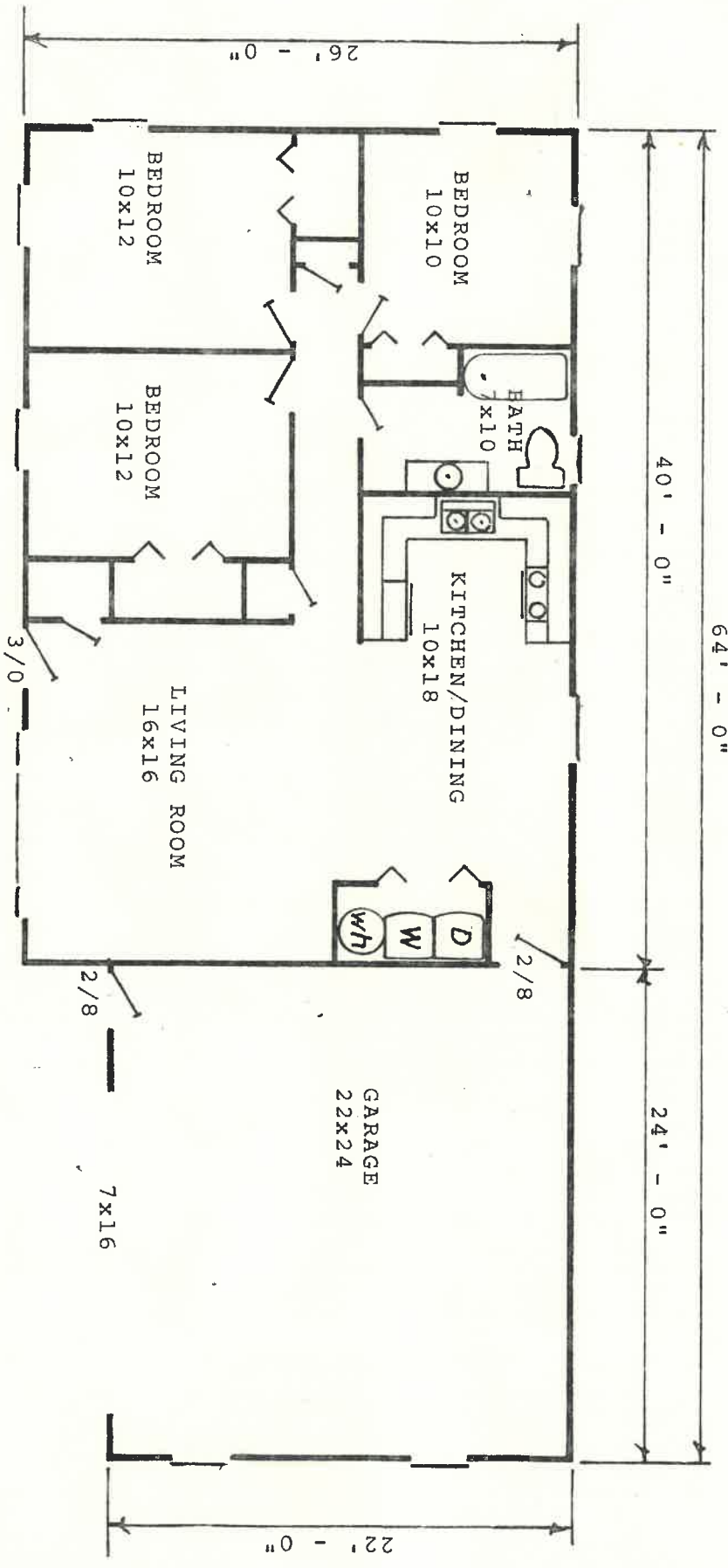
*80
52
13*

*0/800
2/100
10/10*

*24
24
48
8*



- A crawl space vents or basement sash. (as spec.)
- B 4"x8"x12" center beam pockets
- C 24"x24"x12" pier footings.



26
 40
 1040

BLUE STAR HOMES

DIVISION OF BLUE STAR MFG.
MANTON, MICHIGAN

CONTENTS FLOOR PLAN B
SERIES #B-2

SCALE
1/8" = 1ft

DRAWN BY
KLG

DRAWING NO.
8-1-75



BLUE STAR HOMES

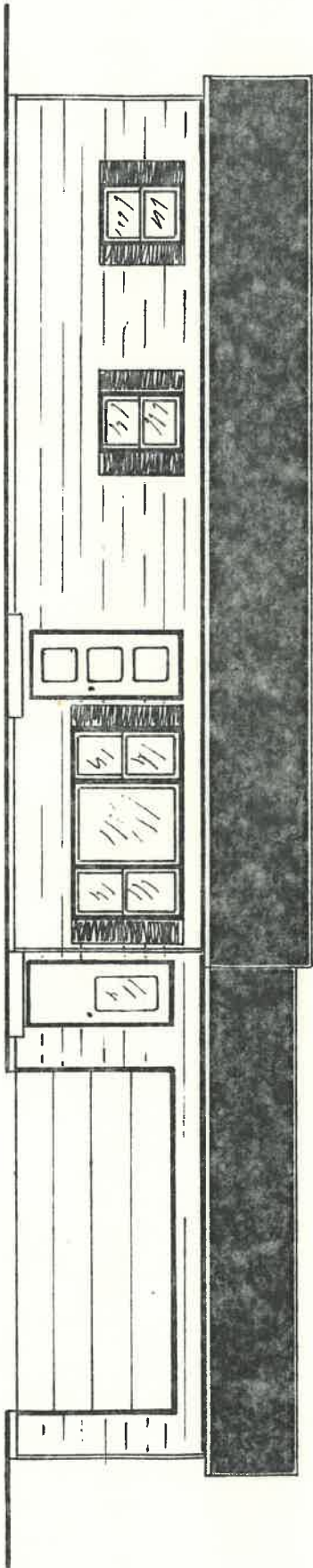
DIVISION OF BLUE STAR MFG
MANTON, MICHIGAN

CONTENTS 40'-0"
FRONT ELEVATION

SCALE
1/8" = 1ft

DRAWN BY
KLG

DRAWING NO.
4-19-75





BLUE STAR HOMES

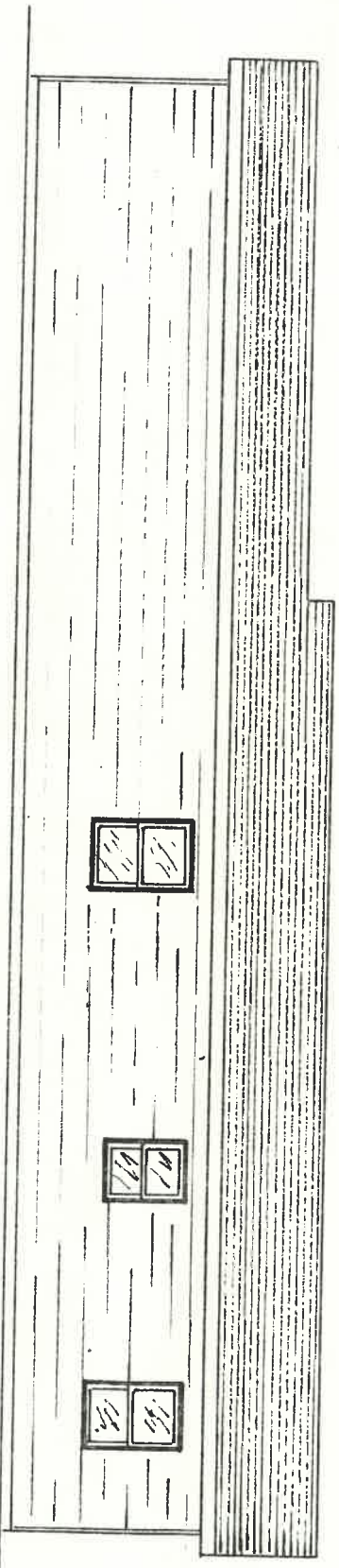
DIVISION OF BLUE STAR MFG
MANTON, MICHIGAN

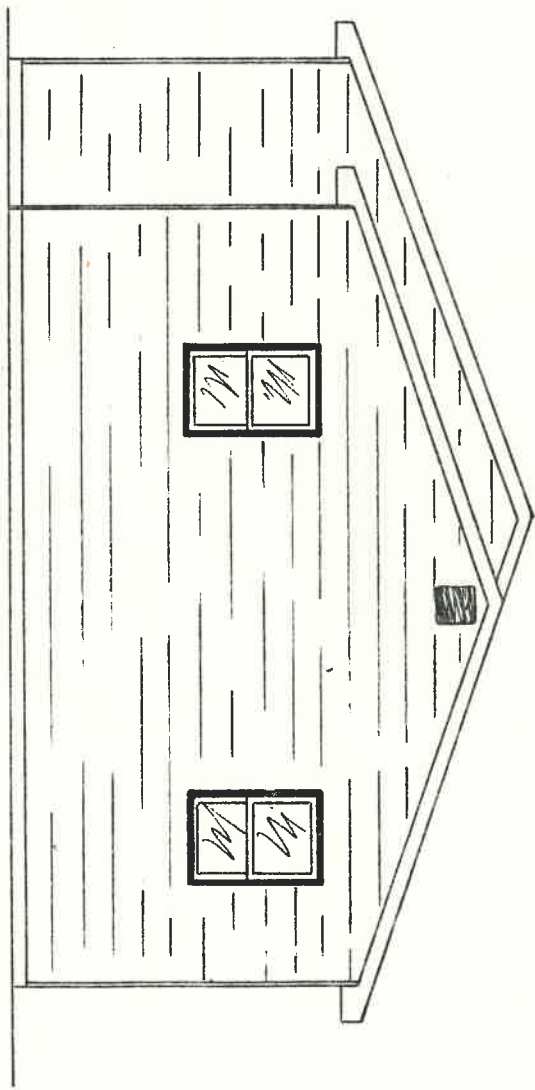
CONTENTS
Starlite Series
Rear Elevation

SCALE
1/8"=1'

DRAWN BY
KLG

DRAWING NO.
8-
-74





BLUE STAR HOMES

DIVISION OF BLUE STAR MFG
MANTON, MICHIGAN

CONTENTS: Right End Elevation
Starlite Series

SCALE
3/16" = 1ft.

DRAWN BY
KLG

DRAWING NO.
31/74



BLUE STAR HOMES

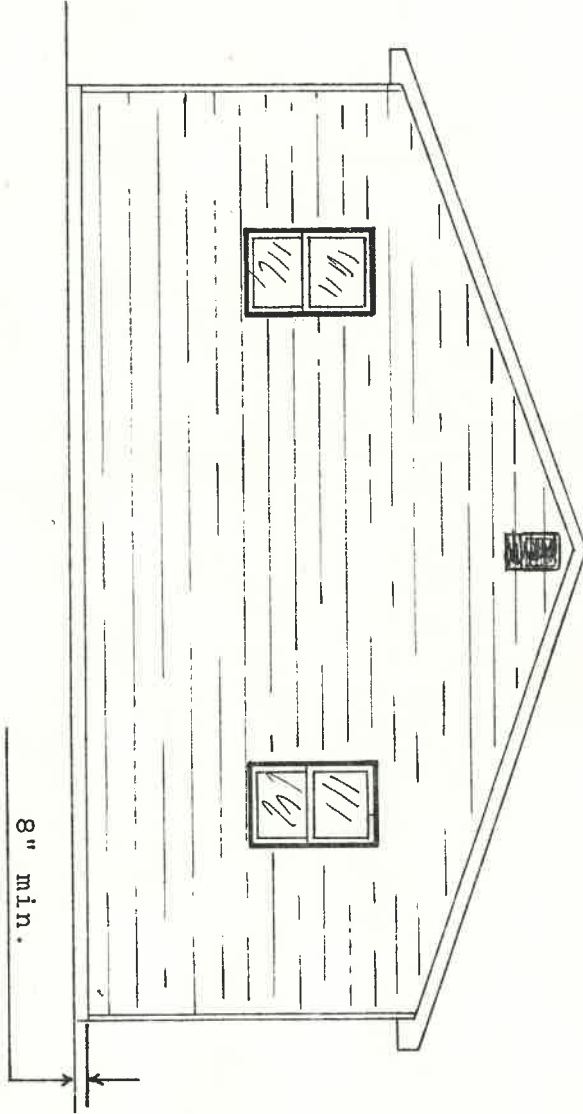
DIVISION OF BLUE STAR HFS
MANTON MICHIGAN

CONTENTS Left End Elevation
Starlite Series

SCALE
3/16" = 1 ft.

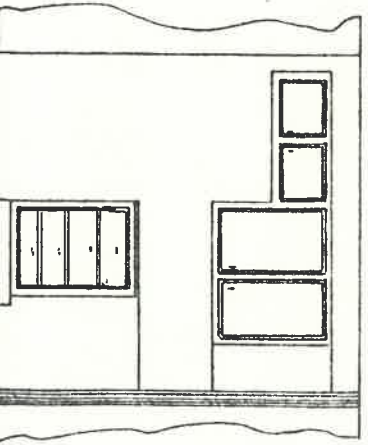
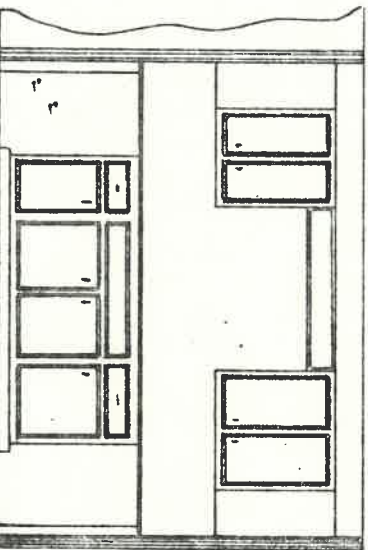
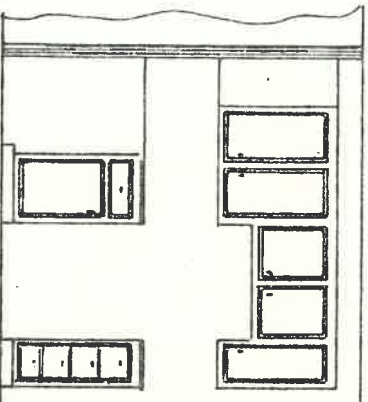
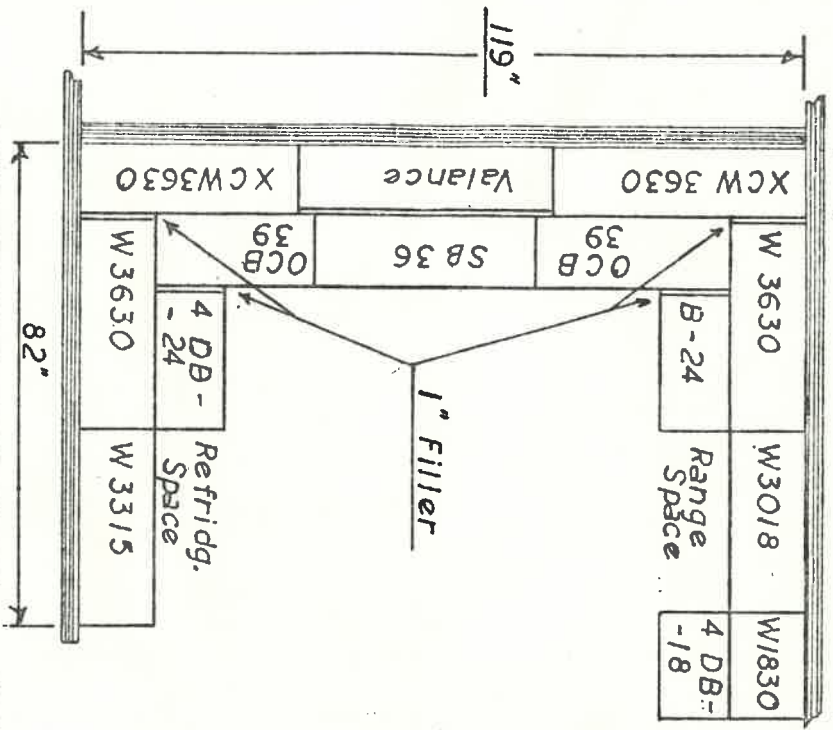
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KLG

DRAWING NO.
8-74





97"



MEDALLION CABINETS

OAK MANOR

- 1 - 4DB18
- 1 - 4DB24
- 1 - B24
- 2 - OCB39
- 1 - SB36
- 1 - W1830
- 1 - W3018
- 2 - W3630
- 1 - W3315
- 2 - XCW3630
- 1 - Valance 48"

NOTE:
 Before ordering pre-built counter tops, accurate finish measurements must be supplied.

BLUE STAR HOMES

DIVISION OF BLUE STAR MFG
 MANTON MICHIGAN

CONTENTS SERIES B
 KITCHEN CABINET PLAN B

SCALE
 3/8" = 1ft

DRAWN BY
 DRAWING NO.
 5-16-75

