

**PERMIT**

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

Permit No. 606 Date April 29, 1983  
 Job Location 218 W. Main Valuation \$ \_\_\_\_\_  
 Owner Lester Sheit Address \_\_\_\_\_ Address 218 W. Main  
 Contractor Cochran Electric Name \_\_\_\_\_ Telephone No. 592-0891  
 Address \_\_\_\_\_  
 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  No. dwelling units \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_  
 New Construction \_\_\_\_\_ Addition \_\_\_\_\_ Remodel \_\_\_\_\_  
 Brief Description of Work Rewiring - all new wiring inside and outside service

ISSUED BY Richard G. Hayman 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
- Rough-in electrical, plumbing and service framing prior to installing wall board.
- Final electrical, plumbing and heating.
- 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	\$ _____
Electrical Permit	\$ <u>15.00</u>
Plumbing Permit	\$ _____
Mechanical Permit	\$ _____
Demolition Permit	\$ _____
Zoning Permit	\$ _____
Sign Permit	\$ _____
Water Tap	\$ _____
Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other	\$ _____
<b>TOTAL FEES</b>	<b>\$ <u>15.00</u></b>
<b>LESS FEES PAID</b>	<b>\$ <u>-0-</u></b>
<b>BALANCE DUE</b>	<b>\$ <u>15.00</u></b>

**PAID**

**APR 29 1983**

**CITY OF NAPOLEON**



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 Lester Shelt Address 218 W Main St

Electrical Contractor Henry Belue <sup>Inside Service</sup> Telephone No. \_\_\_\_\_

Address Napoleon

General Contractor Cocrea Elect. Telephone No. \_\_\_\_\_

Address Napoleon

Location of Project 218 W Main St Cost of Project \_\_\_\_\_

Work Information:

Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_

New \_\_\_\_\_ Service Change \_\_\_\_\_ Rewiring X Additional Wiring \_\_\_\_\_

Brief Description of Work: All new wiring inside +  
out side service

Size of proposed service entrance \_\_\_\_\_ Number of new circuits 10

Type of proposed service entrance \_\_\_\_\_ Underground \_\_\_\_\_ Overhead \_\_\_\_\_

Require Temporary Electric No (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 4/28/83

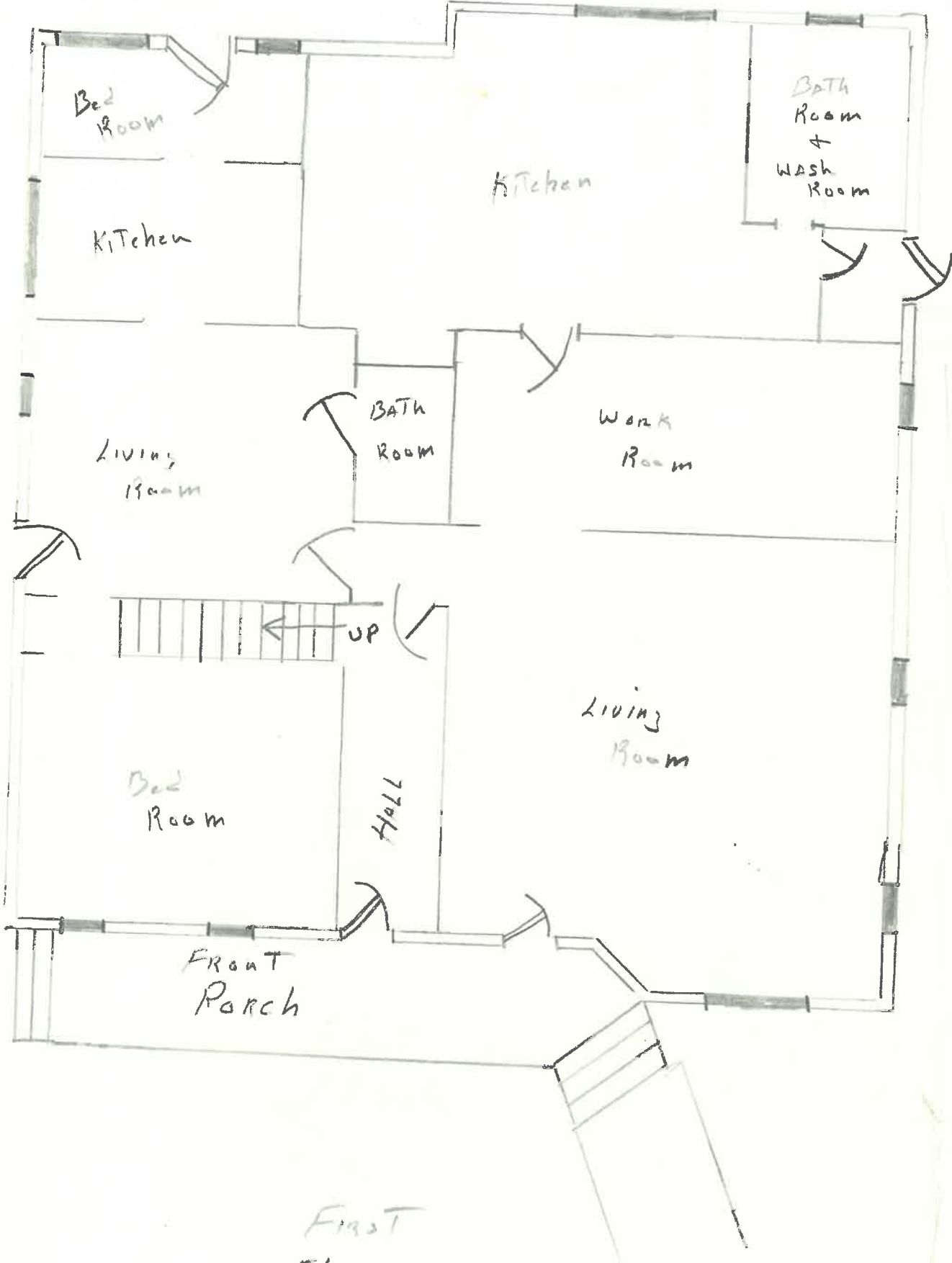
Applicant's Signature [Signature]

PERMIT NO. \_\_\_\_\_

PERMIT FEE \$ 15.00



218 W. MAIN ST  
Napoleon Ohio



DRIVE WAY

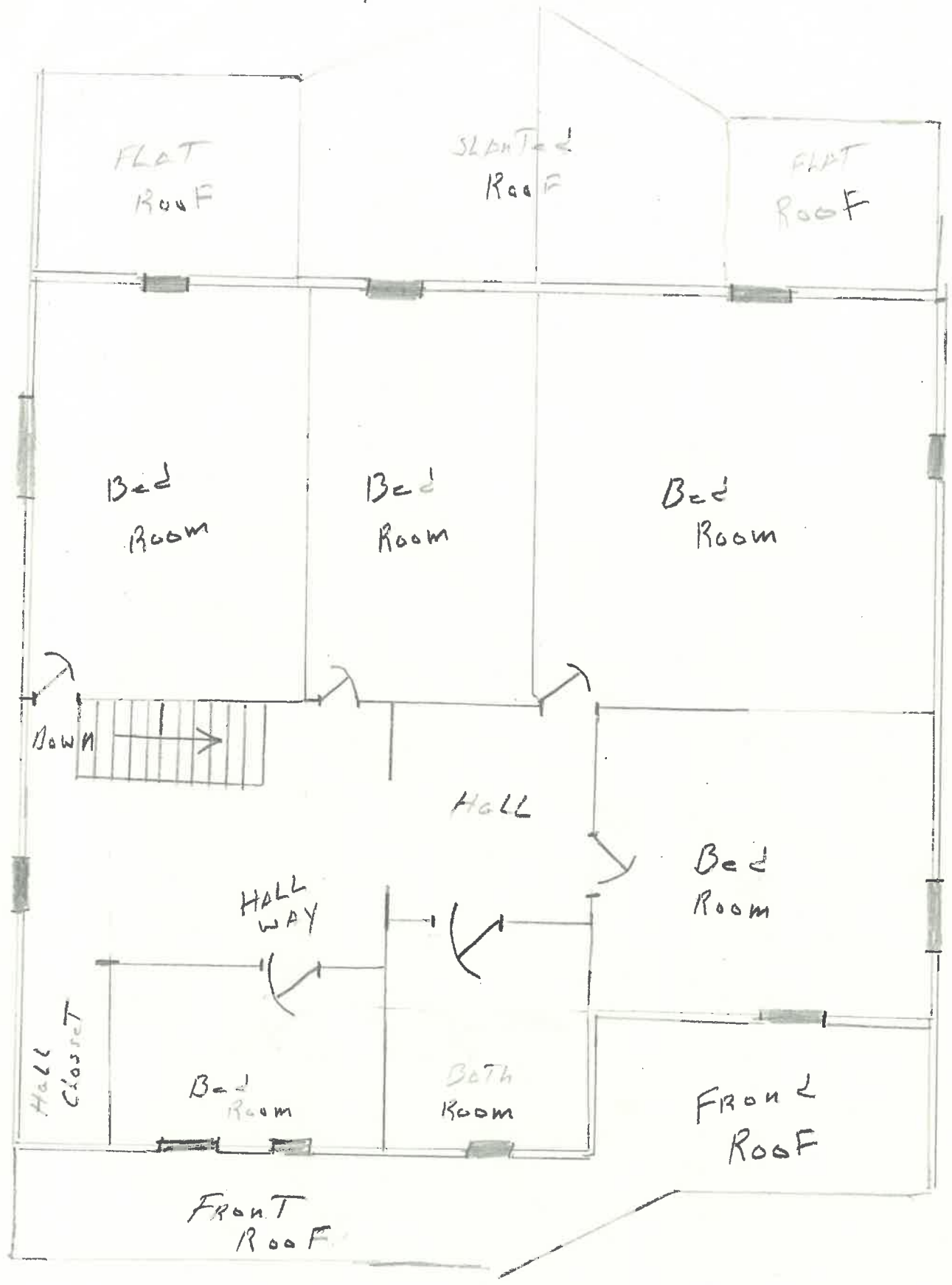
FIRST  
FLOOR

FLOOR  
PLANS

1911 12-1-18-11



218 W. Main St  
Napoleon Ohio



Second FLOOR

FLOOR PLANS  
made  
By Lester Skelt





**REPORT OF BUILDING SAFETY INSPECTION**

Of Residential Care Facilities

MHR-MH-LIC-004 4/79

Ohio Department of Mental Health & Mental Retardation

**Division of Mental Health**

pursuant to Section 5123.20 O.R.C.

**Instructions:** Inspector completes four copies and returns them to the Regional Manager of Mental Health at the Regional Office of Mental Health where this form was obtained.

Name & Address of Facility <b>LESTER SAULT</b> 218 W. Main Napoleon, Ohio 43545		Name & Address of Inspecting Agency <i>Richard D. Heyman</i> City of Napoleon Building Commission 255 W. Riverview Napoleon, Ohio 43545	
County of Facility <i>Henry</i>	Type of Facility <i>3</i>	No. of Residents	No. of Clients <i>1-5</i>

To Be Inspected Under Code  
 Chapter BB-53, O.B.C.   
 Chapter BB-57, O.B.C.   
 Single Family Residence   
 Other, (specify) \_\_\_\_\_

Corrections to be Made: \_\_\_\_\_  
Facility:  Approved     Disapproved    Date of Visit \_\_\_\_\_

1. all receptacle plates shall be made flush against wall by pulling boxes back into wall.
2. second floor north west bed-receptacle on east wall hot & neutral interchanged.
3. all porcelain wall lights on second floor and <sup>1st floor</sup> shall be replaced with new.
4. Bath suite living room add one receptacle on north east corner.
5. Bath suite living room receptacle south wall bedroom receptacle south wall & east wall hot & neutral interchanged.
6. #6 grounding wire required to service side of water line.

Reasonable Compliance Time: \_\_\_\_\_ Days  
*Richard D. Heyman*    *5/9/83*  
Signature of Inspecting Agent    Date

**You are hereby ordered to:** Correct any violations by \_\_\_\_\_, 19\_\_\_\_ and 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.

Signature, Regional Manager of Mental Health \_\_\_\_\_ Date \_\_\_\_\_

Distribution: Original to facility; one copy to Regional Manager's Office; one copy to Inspection Agency; one copy to Central Office Licensure Section, Division of Mental Health.



**Instructions:** Inspector completes four copies and returns them to the Regional Manager of Mental Health at the Regional Office of Mental Health where this form was obtained.

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County of Facility <b>Henry</b>	Type of Facility <b>3</b>	No. of Residents	No. of Clients <b>1-5</b>
To Be Inspected Under Code <input type="checkbox"/> Chapter BB-53, O.B.C. <input type="checkbox"/> Chapter BB-57, O.B.C. <input checked="" type="checkbox"/> Single Family Residence <input type="checkbox"/> Other, (specify)			

Corrections to be Made:	Facility: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date of Visit
<ol style="list-style-type: none"> <li>1. All receptacle plates shall be made flush against wall by pulling boxes back into wall.</li> <li>2. Second floor north west bed-receptacle on east wall hot &amp; Neutral interchanged.</li> <li>3. All porcelain wall lights on second floor and floor shall be replaced with new.</li> <li>4. Shalt's suite living room add one receptacle on north east corner.</li> <li>5. Shalt's suite living room receptacle south wall bedroom, receptacle south wall &amp; east wall, hot &amp; neutral interchanged.</li> <li>6. #6 grounding wire required to service side of water line.</li> </ol>		

Reasonable Compliance Time: \_\_\_\_\_ Days

Signature of Inspecting Agent: **Richard D. Heyman**      Date: **5/9/83**

**You are hereby ordered to:** Correct any violations by \_\_\_\_\_, 19\_\_\_\_ and 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.

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MEMORANDUM

TO: Richard G. Hayman, Building Commissioner  
FROM: Von Eric Berlin, City Engineer VEB  
SUBJECT: Possible group home for mentally handicapped  
DATE: April 6, 1983

I, as Plan Examiner, cannot review the floor plan of 218 W. Main Street for compliance with the Ohio Building Code. If the following conditions are met, I can review the plans under USE GROUP R-2.

1. Sealed set of drawings by a professional engineer or an architect.
2. If the residents will all be ambulatory.
3. If all residents are either attending school or workshop training for the mentally handicapped.
4. If all residents are certified to meet these restrictions by a psychologist.

If any of conditions 1-4 are not applicable, a different use group (probably I-2) would be used in reviewing the plans. In either case, a sealed set of drawings is necessary. It is suggested that the requirements of the Ohio Health Department be determined before any attempt to proceed with this project.

VEB:dd





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**APR 29 1983**

**CITY OF NAPOLEON**

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# INSPECTION RECORD

UNDERGROUND		ROUGH-IN & FINAL			
Type	Date	By	Type	Date	By
<b>PLUMBING</b>	Sewer Connection		Drainage, W. & Vent		
	Building Sewer		Water Piping		
	Water Piping		Condensate Lines		
			Indirect Waste		
<b>ELECTRICAL</b>	Floor Ducts Raceways		Rough Wiring		FINAL APPROVAL
	Conduits & or Cable		Conduits/ Cable		Electric. Mtr. Clearance
	Grounding & Bonding		Service Panel		Signs
			Switchboard		
<b>MECHANICAL</b>			Subpanels		
	Refrigerant Piping		<input type="checkbox"/> Range <input type="checkbox"/> Dryer		FINAL APPROVAL <i>5/1/73</i>
	Ducts/ Plenums		Refrigerant Piping		Duct Insulation
			Ducts/ Plenums		Chimney(s)
<b>BUILDING</b>			Ventilation <input type="checkbox"/> Supply <input type="checkbox"/> Exhst.		Furnace(s)
	Location, Set-backs, Esmt(s)		Wall Construction		FINAL APPROVAL
	Excavation		Crawl Space <input type="checkbox"/> Vent <input type="checkbox"/> Access		Fireplace Chimney
	Footings & Reinforcing		Floor System(s)		Attic <input type="checkbox"/> Vent <input type="checkbox"/> Access
		Sub-soil Drain	Roof System		Special Insp Reports Rec'd
		Foundation Walls	Fire Wall(s)		Smoke Detector
		Floor Slab	Roof Cover Roof Drain		Demolition (sewer cap)
FINAL APPROVAL BLDG. DEPT		Certificate of Occupancy Issued		#	