

PERMIT

CITY OF NAPOLEON - BUILDING DEPARTMENT

255 West Riverview Avenue, Napoleon, Ohio 43545 - 419-592-4010

Permit No. 752-77 Issued 6/30/77
date

Job Location 620 Monroe St.
address

Pt. Lot 69 Original Plat.
sub-div or legal discript

Issued By Ronald O. Sonnenberg
building official

Owner Arthur H. Katz 243-7281
name tel.

Address 1101 Monroe St. Toledo, Ohio
592-8186

Agent Dr. Jack Lorenz D. C. 784-3250
builder-eng.-etc. tel.

Address 1232 Fallen Timbers-Defiance

Description of Use Chiropractic Center

Residential _____
no. dwelling units

Commercial XXXX Industrial _____

New _____ Add'n. _____ Alter _____ Remodel XX

Mixed Occupancy _____

Change of Occupancy _____

Estimated Cost \$3,500.00

| | FEE | BASE | PLUS | TOTAL |
|---|---------|----------------|-------|--------------|
| <input checked="" type="checkbox"/> BUILDING | | \$35.00 | 21.00 | \$56.00 |
| <input checked="" type="checkbox"/> ELECTRICAL | | 18.00 | 6.60 | 24.60 |
| <input type="checkbox"/> PLUMBING | | | | |
| <input type="checkbox"/> MECHANICAL | | | | |
| <input type="checkbox"/> DEMOLITION | | | | |
| <input checked="" type="checkbox"/> ZONING | | --- | --- | --- |
| <input type="checkbox"/> SIGN | | | | |
| WATER TAP | | | | |
| SEWER TAP | | | | |
| TEMP. ELECT. | | | | |
| ADDITIONAL PLAN REVIEW | Struct. | <u>1/2</u> hrs | | <u>17.50</u> |
| | Elect. | | | |
| TOTAL FEES..... | | | | \$98.10 |
| LESS MIN. FEES PAID <u>6/14/77</u> <small>6/22/77</small> <small>date</small> | | | | \$80.60 |
| BALANCE DUE..... | | | | \$17.50 |

ZONING INFORMATION

| district "GB" | lot dimensions | area | front yd | side yds | rear yd |
|---------------|----------------|---------------|-----------|--------------------------|-----------|
| | --- | --- | 0' req'd. | 0' req'd. | 0' req'd. |
| max hgt | no pkg spaces | no ldg spaces | max cover | petition or appeal req'd | date appr |
| 60' OK | no additional | none | 400% OK | n/a | --- |

WORK INFORMATION:

Size: Length 56' Width 20' Stories 1+basement Ground Floor Area 1120sq'

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

Electrical: Adding wiring.
brief description

Plumbing: _____
brief description

Mechanical: _____
brief description

Sign: _____ Dimensions _____ Sign Area _____
type

Additional Information: Electrical work shall comply with the N.E.C. 1975 edition, NFPA 70.

Date 7-11-77 Applicant Signature Jack Lorenz
owner-agent

INSPECTION RECORD

| | UNDERGROUND | | | ROUGH-IN | | | | | | FINAL | | |
|-------------------|---------------------------------------|------|---------------------------|--|------|--|---|------|---------------------------------|-------------------------------|---------------|----------|
| | Type | Date | By | Type | Date | By | Type | Date | By | Type | Date | By |
| PLUMBING | Building Drains | | | Drainage, Waste & Vent Piping | | | Indirect Waste | | | Drainage, Waste & Vent Piping | | |
| | Water Piping | | | | | | | | | Backflow Prevention | | |
| | Building Sewer | | | Water Piping | | | Condensate Lines | | | Water Heater | | |
| | Sewer Connection | | | | | | | | | FINAL APPROVAL | | |
| MECHANICAL | Refrigerant Piping | | | Refrigerant Piping | | | Chimney(s) | | | Grease Exhaust System | | |
| | | | | Duct Furnace(s) | | | Fire Dampers | | | Air Cond. Unit(s) | | |
| | Ducts/Plenums | | | Ducts/Plenums | | | <input type="checkbox"/> Radiant Htr(s) <input type="checkbox"/> Unit Htr(s) | | | Refrigeration Equipment | | |
| | | | | Duct Insulation | | | Pool Heater | | | Furnace(s) | | |
| | | | Combustion Products Vents | | | Ventilation <input type="checkbox"/> Supply <input type="checkbox"/> Exhst. | | | FINAL APPROVAL | | | |
| ELECTRICAL | Conduits & or Cable | | | Conduits/ Cable | | | <input type="checkbox"/> Range <input type="checkbox"/> Dryer | | | Temp Service Temp Lighting | | |
| | Grounding & or Bonding | | | Rough Wiring | | | <input type="checkbox"/> Generator(s) <input type="checkbox"/> Motors | | | Fixtures Lampholders | | |
| | Floor Ducts Raceways | | | Service Panel Switchboard | | | <input type="checkbox"/> Water Htr <input type="checkbox"/> Welder | | | Signs | | |
| | Service Conduit | | | Busways Ducts | | | <input type="checkbox"/> Heaters <input type="checkbox"/> Heat Cable | | | Electric Mtr. Clearance | | |
| | Temporary Power Pole | | | Subpanels | | | <input type="checkbox"/> Duct Htr(s) <input type="checkbox"/> Furnace(s) | | | FINAL APPROVAL | | |
| BUILDING | Location, Set-backs, Esmt(s) | | | Exterior Wall Construction | | | Roof Covering Roof Drainage | | | Smoke Detector | | |
| | Excavation | | | | | | Exterior Lath | | | Demolition (sewer cap) | | |
| | Footings & Reinforcing | | | | | | <input type="checkbox"/> Interior Lath <input type="checkbox"/> Wallboard | | | | | |
| | Floor Slab | | | Interior Wall Construction | | | Fire Wall(s) | | | Building or Structure | FINAL 4/22/77 | RSR:R.R. |
| | Foundation Walls | | | Columns & Supports | | | Fireplace Chimney | | | | | |
| | Sub-soil Drain | | | Crawl Space <input type="checkbox"/> Vent <input type="checkbox"/> Access | | | Attic <input type="checkbox"/> Vent <input type="checkbox"/> Access | | | | | |
| | Piles | | | Floor System(s) | | | | | | FINAL APPROVAL BLDG. DEPT. | 4/22/77 | RSR:R.R. |
| | | | Roof System | | | Special Insp Reports Rec'd | | | Certificate of Occupancy Issued | | | |
| ADDITIONAL | INSPECTIONS, CORRECTIONS, ETC. | | | | | | INSPECTIONS, CORRECTIONS, ETC. | | | | | |
| | Verbal - Temporary C/O ISSUED | | | | | | | | | | | |
| | Final Electrical Remains | | | | | | | | | | | |
| | | | | | | | | | | | | |



FLOYD G. BROWNE AND ASSOCIATES, LIMITED
CONSULTING ENGINEERS
MARION, OHIO

DEPARTMENTAL CORRESPONDENCE

1/2 HF.

DATE May 23, 1977

SUBJECT Medical Office Formally Haufman House

TO Ron Sonnenberg

DEP'T _____

FROM Robert C. Jones

DEP'T _____

Reviewing the plan submitted for converting the former Haufman House to medical offices under Chapter 4101:2-67 of the OAC, I have concluded only one exit way is required. The floor area is less than 1500 square feet and is less than 75 feet in its greatest dimension.

RECEIVED

MAY 23 1977

CITY OF NAPOLEON
BUILDING DEPT.

BY: [Signature]

City of Napoleon
Engineering Department
P. O. Box 151 - 255 W. Riverview Ave.
Napoleon, Ohio 43545

No. 752-77

Date June 28, 1977

CERTIFICATE OF

- Structural Plan Approval
- Electrical Plan Approval
- Special Plan Approval

Submitted

By: Arthur H. Katz
1101 Monroe Street
Toledo, Ohio 43724

- Architect
- Engineer
- Other
- New
- Addition
- Alteration
- Mixed Occupancy
- Change of Occupancy

NAME AND LOCATION OF JOB

OWNER'S AGENT

| | |
|---|---|
| Napoleon Chiropractic Center 620 Monroe Street Napoleon, Ohio 43545 | Dr. Jack Lorenz D.C. 1232 Fallen Timbers Defiance, Ohio 43512 |
|---|---|

TYPE OF CONSTRUCTION (Where Applicable) Type IV Ordinary

O.B.C. Type of Occupancy 4101:2-67 Stories One Basement _____

Inspections shall be called for by the builder 48 hours in advance before work is covered. Final inspection must be made before building can be used or occupied. THIS CERTIFICATE SHALL REMAIN POSTED IN A CONSPICUOUS AND SAFE PLACE UNTIL COMPLETION OF JOB. APPROVED PLANS MUST BE KEPT ON JOB SITE AT ALL TIMES DURING CONSTRUCTION.

Plans, specifications and/or application as described above are hereby approved with addendum.

Date of Approval June 28, 1977

BY: Robert E. Jones
PLAN EXAMINER

This approval does not cover the water supply, plumbing and drainage. Plans and specifications for this class of work shall be submitted to the Division of Plumbing, State Department of Health for examination and approval. For approval of pressure piping, contact the Division of Pressure Piping, 2323 W. Fifth Ave., Columbus, Ohio. Zoning for Napoleon is not included in this approval.

City of Napoleon
Engineering Department
P. O. Box 151 - 255 W. Riverview Ave.
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| <u>Napoleon Chiropractic Center</u> <u>620 Monroe St.</u> <u>Napoleon, Ohio 43545</u> | <u>Dr. Jack Lorenz D. C.</u> <u>1232 Fallen Timbers</u> <u>Defiance, Ohio 43512</u> |
|---|---|

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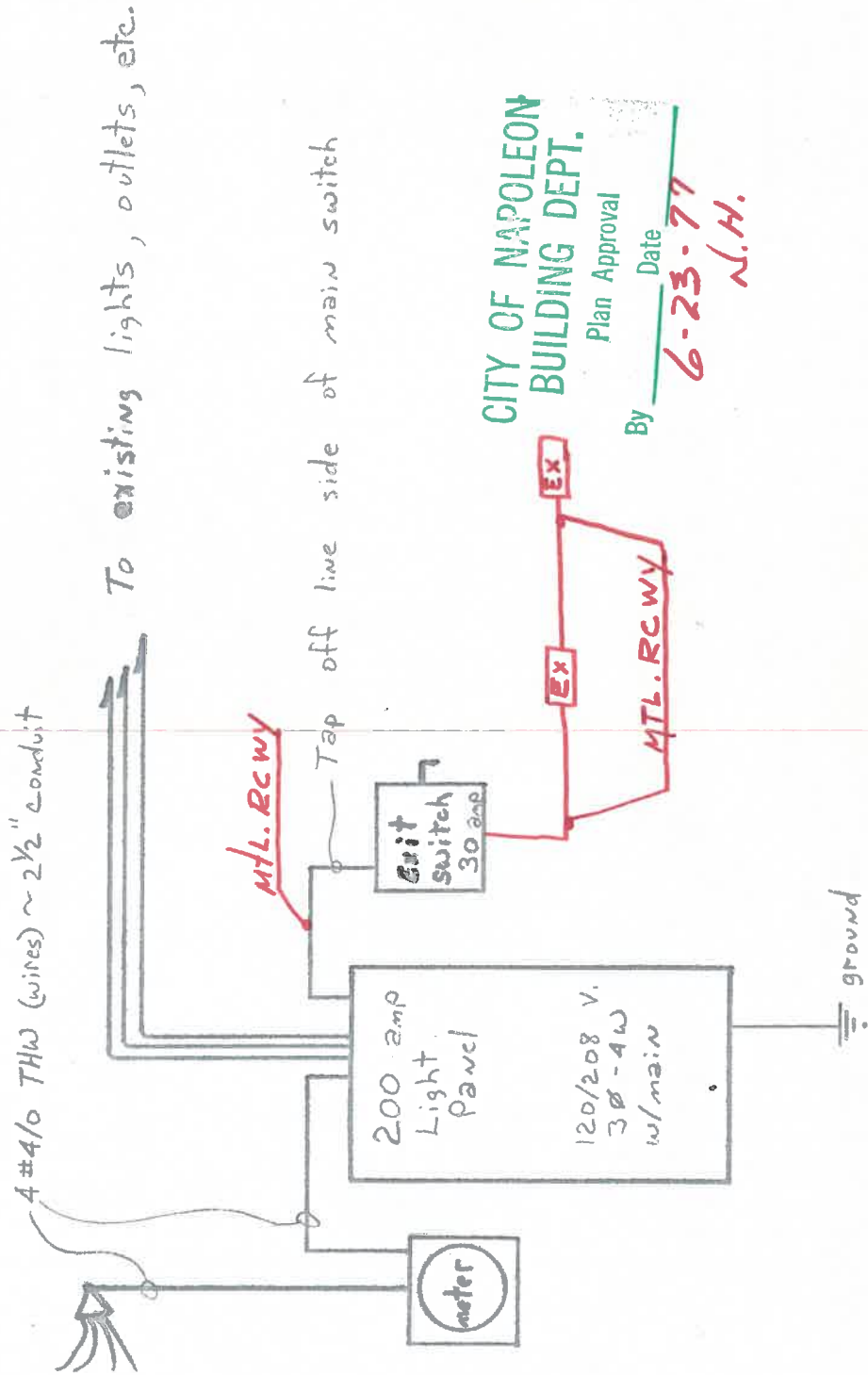
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Date of Approval 6-23-77

BY: J. H. Houser PLAN EXAMINER

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CITY OF NAPOLEON
BUILDING DEPT.
Plan Approval
By 6-23-77
Date N.H.

NAPOLEON CHIROPRACTIC
OFFICE
620 MONROE
NAPOLEON OHIO

Scale : NONE
date : 6-22-77

JUNE 28, 1977

ADDENDUM TO PERMIT APPROVAL
NAPOLEON CHIROPRACTIC CENTER
NO.752-77

Mr. Oliver R. Bishop
City Manager
City of Napoleon
255 Riverview
Napoleon, Ohio 43545

This Addendum is attached to and is a part of the plans. The items listed below shall be performed and will be incorporated into the structure.

1. All hardware for exit doors may be Type D where the use of a key shall not be necessary to permit egress during business hours and all conditions of Section 4101:2-67-13 of the Ohio Administration Code are met.
2. Another toilet room must be installed and located so that it is made available to patients in accordance with Section 4101:2-67-23 of the Ohio Administration Code.
3. All electrical wiring and equipment shall be installed in accordance with Chapter 4101:2-49 of the Ohio Administration Code, and the latest edition of the National Electrical Code.
4. The interior finish and trim shall conform to Section 4101:2-67-30 of the Ohio Administration Code.
5. Fire extinguishing equipment shall be installed in accordance with Section 4101:2-67-32 of the Ohio Administration Code.

Plan approval will be valid only upon signing of this Addendum by the Owner or his authorized representative.


Authorized Signature

OWNER
Title

NAPOLEON CHIROPRACTIC CENTER
Dr. Jack E. Lorenz D.C.

The following are improvements to be made on the office building located at
620 Monroe St. Napoleon Ohio.

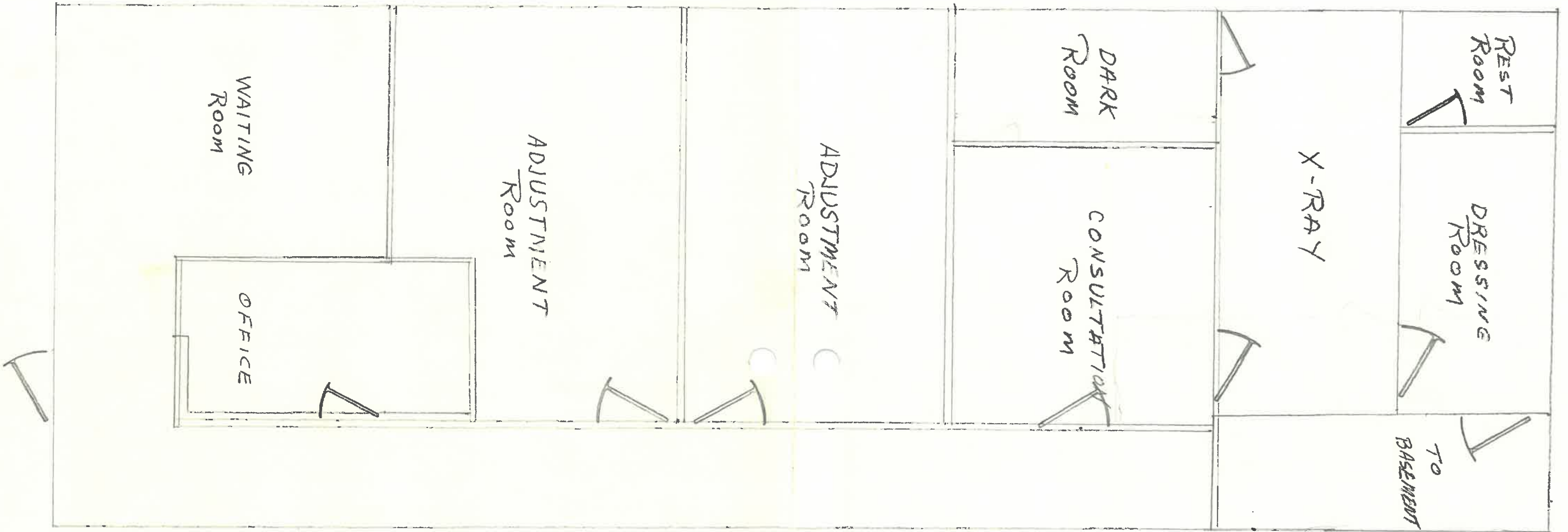
1. The two side walls, which are cement blocks, will be covered with a combination of paneling and wallpaper.
2. The inside partitions will be constructed with two by fours forming a false wall, which will be covered with a three eights inch dry board, and then woodpaneling will be installed over that.
3. The X-Ray room wall which is adjacent to the adjusting room will be covered with lead lined paneling.
4. The doors to the rooms will be wood, except for the X-Ray room door, which will be metal. This metal door will have a glass window.
5. A suspended ceiling will be installed, lowering the ceiling height to eight feet instead of the ten feet that it is now.
6. Flame retardant carpeting will be installed in all rooms except the dressing room which will remain tiled.

CITY OF NAPOLEON
BUILDING DEPT.

Plan Approval

By R.E.L. Date 6/28/77

WITH ADDENDUM



CITY OF NAPOLEON
BUILDING DEPT.

Plan Approval
By R.C.S. Date 6/28/77

WITH ADDENDUM

1/4" = 1'-0"

