

PERMIT

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

Permit No. 896 Date 29 August 1984  
Job Location 240 Northcrest Drive Valuation \$ 46,419.00  
Owner Northcrest Nursing Home Address 240 Northcrest Drive  
Contractor Ohio Gas Company Telephone No. 636-1117  
Address 200 High Street West, Bryan Ohio 43506  
Electric Contractor Marty Davis, Route 4 Box 35 Bryan, Ohio 43506  
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 I-2 Industrial \_\_\_\_\_  
New Construction \_\_\_\_\_ Addition \_\_\_\_\_ Remodel ✓  
Brief Description of Work Convert water heaters from electric to gas; 9 furnaces, 62 runs

ISSUED BY Richard J. Heyman 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
- XXXXX Rough-in electrical, plumbing and service framing prior to installing wall board.
- XXXXX Final electrical, plumbing and heating.
- XXXXXX 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	\$ _____
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  
SEP 14 1984  
CITY OF NAPOLEON



**PERMIT**

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

Permit No. 896 Date 29 August 1984  
 Job Location 240 Northeast Drive Valuation \$ 46,529.00  
Address  
 Owner Northeast Nursing Home Address 240 Northeast Drive  
Name  
 Contractor Ohio Gas Company Telephone No. 636-1117  
 Address 200 High Street West, Bryan Ohio 43506  
 Electric Contractor Merly Davis, Route 4 Box 35 Bryan, Ohio 43506  
 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 I-2 Industrial                       
No. dwelling units  
 New Construction                      Addition                      Remodel                       
 Brief Description of Work Convert water heaters from electric to gas; 9 furnaces, 62 runs

ISSUED BY *Richard G. [Signature]* 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	\$ <u>35.00</u>
Electrical Permit	\$ <u>18.00</u>
Plumbing Permit	\$ _____
Mechanical Permit	\$ _____
Demolition Permit	\$ _____
Zoning Permit	\$ _____
Sign Permit	\$ _____
Water Tap	\$ _____
Sewer Tap	\$ _____
Temp. Elec.	\$ _____
Other	\$ _____
<b>TOTAL FEES</b>	\$ <u>53.00</u>
<b>PAID LESS FEES PAID</b>	\$ _____
<b>BALANCE DUE</b>	\$ <u>53.00</u>

**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.**

SEP 14 1984

CITY OF NAPOLEON



**PERMIT**

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

Permit No. 596 Date 29 August 1984  
 Job Location 240 Northeast Drive Valuation \$ 46,820.00  
Address  
 Owner Northeast Nursing Home Address 240 Northeast Drive  
Name  
 Contractor Ohio Gas Company Telephone No. 636-1117  
 Address 200 High Street West, Bryan Ohio 43506  
 Electric Contractor Marty Davis, Route 4 Box 35 Bryan, Ohio 43506  
 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 1-2 Industrial \_\_\_\_\_  
No. dwelling units  
 New Construction \_\_\_\_\_ Addition \_\_\_\_\_ Remodel \_\_\_\_\_  
 Brief Description of Work Convert water meters from electric to gas, 3 furnaces, 62 fans

ISSUED BY \_\_\_\_\_ 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
- XXXX \_\_\_\_\_ Rough-in electrical, plumbing and service framing prior to installing wall board.
- XXXX \_\_\_\_\_ Final electrical, plumbing and heating.
- XXXX \_\_\_\_\_ Final building inspection, prior to occupancy.

**PERMIT & FEES**

Building Permit	\$ <u>35.00</u>
Electrical Permit	\$ <u>18.00</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>

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**PAID**  
SEP 14 1984  
CITY OF NAPOLEON

# INSPECTION RECORD

UNDERGROUND		ROUGH-IN & FINA'			
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
			Subpanels		
			<input type="checkbox"/> Range <input type="checkbox"/> Dryer		FINAL APPROVAL
			Refrigerant Piping		Duct Insulation
<b>MECHANICAL</b>	Ducts/ Plenums		Ducts/ Plenums		Chimney(s)
			Ventilation Supply		Furnace(s)
			<input type="checkbox"/> Exhst.		FINAL APPROVAL
	Location, Set-backs, Esmt(s)		Wall Construction		Fireplace Chimney
<b>BUILDING</b>	Excavation		Crawl Space		Attic <input type="checkbox"/> Vent <input type="checkbox"/> Access
	Footings & Reinforcing		Floor System(s)		Special Insp. Reports Rec'd
	Sub-soil Drain		Roof System		Smoke Detector
	Foundation Walls		Fire Wall(s)		Demolition (sewer cap)
	Floor Slab		Roof Cover Roof Drain		Building or Structure
	FINAL APPROVAL BLDG. DEPT		Certificate of Occupancy Issued		#

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 NORTHCREST NURSING HOME Address RT. 6 NORTHCREST DRIVE

Electrical Contractor MARTY DAVIS Telephone No. (419) 636-1002

Address RT. 4 Box 35 BRYAN, OHIO 43506

General Contractor OHIO GAS COMPANY Telephone No. (419) 636-1117  
Box 528

Address 200 W. HIGH ST., BRYAN, OHIO 43506

Location of Project NORTHCREST DRIVE Cost of Project \$46,419.00

Work Information:

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

No. Units

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

Brief Description of Work: INSTALL NINE ELECTRIC CENTRAL

AIR CONDITIONERS

Size of proposed service entrance NONE Number of new circuits \_\_\_\_\_

Type of proposed service entrance NONE Underground \_\_\_\_\_ Overhead \_\_\_\_\_

Require Temporary Electric NONE (Yes or No)

Total Floor Area - Commercial and Industrial, only 12,750 sq. ft

Additional Information: NO ADDED ELECTRIC LOAD - USED WATTAGE

FOR COMMERCIAL ELECTRIC WATER HEATERS - CONVERTED WATER HEATERS AND COMMERCIAL DRYER FROM ELECTRIC TO GAS

\*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. 210-8 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 8-28-84

Applicant's Signature

Darrell Smith

HEATING-AIR COND. - SPECIALIST  
OHIO GAS COMPANY  
BRYAN, OHIO

PERMIT NO.

8976

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 \_\_\_\_\_ Address \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

General Contractor \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Location of Project \_\_\_\_\_ Cost of Project \_\_\_\_\_

Work Information:

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

No. Units

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

Brief Description of Work: \_\_\_\_\_

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.

896

PERMIT FEE \$

1800



100 Nov 7-28-76

NOTE: WE ARE NOT  
INSTALLING HEATING  
EQUIPMENT AT THIS  
TIME - FUTURE 1985 OR 86

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

ONLY CENTRAL AIR CONDITIONING WITH DUCTS

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.

Owner's Name NORTHCREST NURSING HOME Address NORTHCREST DR.  
200 W. HIGH ST. Box 528 636  
Contractor's Name OHIO GAS COMPANY Address BRYAN, OHIO Tel. 1117

BUILDING INFORMATION:

Single Family \_\_\_\_\_ Double Family \_\_\_\_\_ Multiple  New Construction \_\_\_\_\_  
Addition \_\_\_\_\_ Remodel \_\_\_\_\_ Replacement \_\_\_\_\_ No. of Stories 1

DESCRIPTION OF WORK

Heating System - Warm Air FUTURE Hot Water \_\_\_\_\_ Steam \_\_\_\_\_ Electric \_\_\_\_\_

Unit Heaters \_\_\_\_\_ Unit Gas Heaters \_\_\_\_\_ Other REMOTE SYSTEM

Type - Gravity \_\_\_\_\_ Forced  Radiant \_\_\_\_\_

No. of Thermostatical Heating Zone 89

Hot Water - One Pipe NONE Two Pipe \_\_\_\_\_ Series Loop \_\_\_\_\_

Electric Heat - No. of Circuits NONE Other \_\_\_\_\_

Total Heat Loss of Area to be Heated 673,187 Btu.

Rated Capacity of Furnace/Boiler 740,000 Btu.

No. of Furnaces 89 No. of Hot Air Runs 62

No. of Hot Water Radiators \_\_\_\_\_ Type of Fuel NATURAL GAS

Heating Units Located: Crawl Space \_\_\_\_\_ Floor Level \_\_\_\_\_ Suspended \_\_\_\_\_

Roof or Exposed to Outside Air \_\_\_\_\_ Attic  Other \_\_\_\_\_


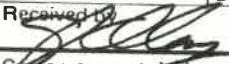
APPLICATION FOR PERMIT SHALL BE ACCOMPANIED BY TWO COMPLETE SETS OF PLANS INCLUDING: LOCATION OF FURNACE OR UNIT HEATERS AND SIZE AND LOCATION OF FEEDER DUCTS AND RETURN AIR DUCTS. ALL PLANS SHALL BE DRAWN TO SCALE.

ESTIMATED COST OF COMPLETED PROJECT: \$20,000

DATE 8-28-84 APPLICANT'S SIGNATURE Darrell Smith  
OWNER-CONTRACTOR-AGENT  
HTG-AC-SPEC.

290



All Entries MUST be in Ball Point or Typed	REGISTERED NO. <b>R 173 332 854</b>		POSTMARK OF 	
	Post Office Completion	Reg. Fee \$ <b>3.30</b>	Special Delivery \$	
		Handling Charge \$	Return Receipt \$	
		Postage \$ <b>20</b>	Restricted Delivery \$	
Received by 		<input type="checkbox"/> Int'l		
Customer must declare Full value \$ <b>N/A</b>		<input type="checkbox"/> With Postal Insurance <input type="checkbox"/> Without Postal Insurance \$25,000 Domestic Ins. Limit		
Customer Completion (Please Print)				
FROM				
<b>OHIO GAS</b>				
<b>Box 528</b>				
<b>Bryan OH</b>				ZIP CODE <b>43506</b>
TO				
<b>Dept. of Ind. Relations</b>				
<b>P.O. Box 825</b>				
<b>Columbus OH</b>				ZIP CODE <b>43216</b>

PS FORM 3806 RECEIPT FOR REGISTERED MAIL (Customer Copy)  
 July 1983 (See Information on Reverse)



# ELECTRICAL ADDENDUM

No. 841099

STATE OF OHIO  
DEPARTMENT OF INDUSTRIAL RELATIONS  
Division of Factory and Building Inspection  
2323 West Fifth Avenue - P.O. Box 825  
Columbus, Ohio 43216  
(614) 466-6631

County HENRY

SUBMITTER OR OWNER'S AGENT

OWNER

OHIO GAS COMPANY  
200 W HIGH STREET  
BOX 528  
BRYAN OH 43506

NORTHCREST NURSING HOME  
NORTHCREST DRIVE RR #6  
NAPOLEON OH 43545

NAME AND LOCATION OF JOB

ARCHITECT, ENGINEER, OR OTHER

Electric Air Conditioning/Nursing Home  
Northcrest Drive  
Napoleon, Ohio 43545

Darrell Smith  
same as submitter

IMPORTANT

IMPORTANT

Please have Power Company complete lower portion of form and then forward or deliver completed form to the state Electrical Inspector designated on the Certificate Of Plan Approval. If this is not done, final electrical approval cannot be granted. Be advised that in some areas of the state, Power Companies will not energize electrical service without state final electrical approval.

*submitted to  
Kennis Mc Ghee  
Electrical Inspector  
6/28/84*

Electrical Service: New NO CHANGE Change \_\_\_\_\_

Voltages & Phase: 120 VOLTS 3Phase

Size of Service: 3-100 KVA TRANSFORMERS

Maximum fault current available by Power Company at point of service.  
UNKNOWN

Steve Boulton Line Foreman 6-26-84  
(Signature - Engineer, Power Company) (Date)

\_\_\_\_\_  
(Signature - Electrical Contractor) (Date)





PLACE THIS COPY ON JOB SITE



No. 841099

County HENRY

POURING OF FOOTERS, INSTALLATION OF INTERIOR FINISH AND OTHER INSPECTIONS SHALL BE CALLED FOR PRIOR TO DOING THE WORK. IF YOU ARE UNABLE TO CONTACT YOUR INSPECTOR DURING THE CALLING HOURS SPECIFIED BELOW, CONTACT THE COLUMBUS OFFICE. THIS CERTIFICATE SHALL REMAIN POSTED IN A CONSPICUOUS AND SAFE PLACE ON THE JOB SITE UNTIL THE JOB IS COMPLETED (SECTION 4101:2-1-28 OBBC). APPROVED PLANS SHALL BE KEPT ON THE JOB SITE AT ALL TIMES DURING CONSTRUCTION (SECTION 4101:2-1-24 OBBC). FAILURE TO MEET THESE REQUIREMENTS MAY RESULT IN THE REFUSAL OF SERVICE AND/OR THE ISSUANCE OF AN ADJUDICATION ORDER. THE BUILDING/STRUCTURE SHALL PASS FINAL INSPECTIONS AND A STATE OF OHIO CERTIFICATE OF USE AND OCCUPANCY SHALL BE ISSUED BEFORE THE BUILDING/STRUCTURES CAN BE LEGALLY OCCUPIED (SECTION 4101:2-1-27 OBBC).

SUBMITTER OR OWNER'S AGENT

OWNER

OHIO GAS COMPANY  
200 W HIGH STREET  
BOX 528  
BRYAN OH 43506

NORTHCREST NURSING HOME  
NORTHCREST DRIVE RR #6  
NAPOLEON OH 43545

*copy*

NAME AND LOCATION OF JOB

ARCHITECT, ENGINEER, OR OTHER

Electric Air Conditioning/Nursing Home  
Northcrest Drive  
Napoleon, Ohio 43545

Darrell Smith  
same as submitter

Date: June 22, 1984

Total Fee Paid: \$640.00

Nature of Job: Alteration

For Structural Inspection, Contact:  
Lee Richardson  
State Route 249  
Farmer, Ohio 43520  
Phone: 419-658-2514  
Hours: 8:00 to 8:30 A.M.

Type of Construction:

Inspections Required: Mechanical & Electrical

For Electrical Inspection, Contact:  
Dennis McGhee  
2402 Putnam  
Toledo, Ohio 43620  
Phone: 419-255-0135  
Hours: 7:30 to 8:30 A.M.

OBBC Use Group: I2

	FLOOR AREA (SQ. FT.)
Basement	
First	12,750
Second	
Third	
Fourth	
<b>TOTAL SQUARE FEET</b>	<b>12,750</b>

Approval Date: June 21, 1984

With Addendum: Yes

Roll or Envelope: Envelope

Plan Examiner: P.G. Lakshman Rao, P.E.

*Joseph L. McLean*  
Chief of Division

ms  
ISSUED BY:

DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF FACTORY & BUILDING INSPECTION  
2323 WEST FIFTH AVENUE, ROOM 2050  
P.O. BOX 825  
COLUMBUS, OHIO 43216  
(614) 466 6031

Footings \_\_\_\_\_  
Ready for Lath \_\_\_\_\_  
Final Inspection \_\_\_\_\_  
Service \_\_\_\_\_  
Before covering — Slab and/or Lath \_\_\_\_\_  
Final Inspection \_\_\_\_\_



# CERTIFICATE OF PLAN APPROVAL

## RETAIN FOR YOUR FILE

**SUBMITTER'S COPY**



No. **841099**

County **HENRY**

POURING OF FOOTERS, INSTALLATION OF INTERIOR FINISH AND OTHER INSPECTIONS SHALL BE CALLED FOR PRIOR TO DOING THE WORK. IF YOU ARE UNABLE TO CONTACT YOUR INSPECTOR DURING THE CALLING HOURS SPECIFIED BELOW, CONTACT THE COLUMBUS OFFICE. THIS CERTIFICATE SHALL REMAIN POSTED IN A CONSPICUOUS AND SAFE PLACE ON THE JOB SITE UNTIL THE JOB IS COMPLETED (SECTION 4101:2-1-38 OBBC). APPROVED PLANS SHALL BE KEPT ON THE JOB SITE AT ALL TIMES DURING CONSTRUCTION (SECTION 4101:2-1-24 OBBC). FAILURE TO MEET THESE REQUIREMENTS MAY RESULT IN THE REFUSAL OF SERVICE AND/OR THE ISSUANCE OF AN ADJUDICATION ORDER. THE BUILDING/STRUCTURE SHALL PASS FINAL INSPECTIONS AND A STATE OF OHIO CERTIFICATE OF USE AND OCCUPANCY SHALL BE ISSUED BEFORE THE BUILDING/STRUCTURES CAN BE LEGALLY OCCUPIED (SECTION 4101:2-1-27 OBBC).

**SUBMITTER OR OWNER'S AGENT**

**OWNER**

**OHIO GAS COMPANY**  
**200 W HIGH STREET**  
**BOX 528**  
**BRYAN OH 43506**

**NORTHCREST NURSING HOME**  
**NORTHCREST DRIVE RR #6**  
**NAPOLEON OH 43545**

**NAME AND LOCATION OF JOB**

**ARCHITECT, ENGINEER, OR OTHER**

**Electric Air Conditioning/Nursing Home**  
**Northcrest Drive**  
**Napoleon, Ohio 43545**

**Darrell Smith**  
**same as submitter**

Date: **June 22, 1984**

Total Fee Paid: **\$600.00**

Nature of Job: **Alteration**

For Structural Inspection, Contact:  
**Lee Richardson**  
**State Route 249**  
**Farmer, Ohio 43520**  
**Phone: 419-658-2514**  
**Hours: 8:00 to 8:30 A.M.**

Type of Construction:

Inspections Required: **Mechanical & Electrical**

OBBC Use Group: **12**

For Electrical Inspection, Contact:  
**Dennis McGhee**  
**2402 Putnam**  
**Toledo, Ohio 43620**  
**Phone: 419-255-0133**  
**Hours: 7:30 to 8:30 A.M.**

**FLOOR AREA (SQ. FT.)**

Basement	
First	<b>12,750</b>
Second	
Third	
Fourth	

Approval Date: **June 21, 1984**

With Addendum: **Yes**

Roll or Envelope: **Envelope**

Plan Examiner: **P.G. Lakshman Rao, P.E.**

**TOTAL SQUARE FEET** **12,750**

*Joseph L. McLean*  
 Chief of Division

**ms**  
**ISSUED BY:**

**DEPARTMENT OF INDUSTRIAL RELATIONS**  
**DIVISION OF FACTORY & BUILDING INSPECTION**  
**2223 WEST FIFTH AVENUE, ROOM 2050**  
**P.O. BOX 925**  
**COLUMBUS, OHIO 43218**  
**(614) 466-8631**

Footings \_\_\_\_\_  
 Ready for Lath \_\_\_\_\_  
 Final Inspection \_\_\_\_\_  
 Service \_\_\_\_\_  
 Before covering -- Slab and/or Lath \_\_\_\_\_  
 Final Inspection \_\_\_\_\_



ADDENDUM TO PLAN APPROVAL NO: 841099

HENRY COUNTY

June 21, 1984

Electric Air Conditioning/Nursing Home  
Northcrest Drive  
Napoleon, Ohio 43545  
HENRY COUNTY

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

1. Ventilation and pressure relationship will comply with Table 8 of HEW (HRA) 79-14500.
2. Equipment in attic will comply with the applicable provisions of M-304 OBBC.
3. All electrical work will comply with the requirements of Article 20 OBBC and the National Electrical Code (NEC), NFPA 70, OBBC approved edition, and is subject to the approval of the State electrical inspector assigned by the Division of Factory and Building Inspection.

This addendum is sent in duplicate. Plan Approval will be valid only upon the receipt within ten (10) days of one signed copy of this addendum by the Ohio Department of Industrial Relations, Division of Factory and Building Inspection, 2323 W. Fifth Avenue, P.O. Box 825, Columbus, Ohio 43216 (614) 466-6631. This addendum is NOT an appealable order. Failure to return one signed copy of this addendum will render your Certificate of Plan Approval NULL AND VOID. The signing of this addendum is an agreement that you will comply with all items listed herein. If there are any questions, you may call your plan examiner after 2:00 P.M. or make an appointment by telephone to meet with him. Your plan examiner is P.G. Lakshman Rao, P.E.

OHIO GAS COMPANY - Darrell Smith  
ARCHITECT, ENGINEER, CONTRACTOR/OWNER

\_\_\_\_\_  
SIGNATURE

Heating Air-Conditioning Specialist  
TITLE

June 26, 1984  
DATE

LR:smb

cc: Inspectors Richardson & McGhee

*Submitted  
6/27/84*



ADDENDUM TO PLAN APPROVAL NO: 841099

HENRY COUNTY  
June 21, 1984

Electric Air Conditioning/Nursing Home  
Northcrest Drive  
Napoleon, Ohio 43545  
HENRY COUNTY

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

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2. Equipment in attic will comply with the applicable provisions of M-304 OBBC.
3. All electrical work will comply with the requirements of Article 20 OBBC and the National Electrical Code (NEC), NFPA 70, OBBC approved edition, and is subject to the approval of the State electrical inspector assigned by the Division of Factory and Building Inspection.

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\_\_\_\_\_  
ARCHITECT, ENGINEER, CONTRACTOR/OWNER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

LR:smb  
cc: Inspectors Richardson & McGhee

*Copy*





All electrical work will be installed in accordance with the National Electrical Code.

The structural elements of these drawings have not been checked. The sufficiency of these elements to meet all code requirements is the responsibility of the author of the drawings.

DIV. OF FACTORY AND BUILDING INSPECTION  
DEPARTMENT OF INDUSTRIAL RELATIONS,  
STATE OF OHIO

PLANS APPROVED SUBJECT TO REQUIREMENTS OF:  
Ohio Building Code (BB-51, Plumbing).

Contact State or Local Health Department.

Ohio Elevator Code.

Ohio Boiler and Unfired Vessel Rules.

Ohio Pressure Piping Systems Rules.

Contact Ohio Department of Industrial Relations.

and all other requirements of the Ohio Revised Code

Chapter I-2

Construction and erection not in compliance with these approved plans is in violation of Section 3701.04 of the Ohio Revised Code.

*Submit Hand Copy*

HENRY  
841099

DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF FACTORY AND  
BUILDING INSPECTION  
**APPROVED**

JUN 21 1984

STATE OF OHIO  
*[Signature]*

HENRY RE FILTER AND ALTER  
WITH HOUSING AND GAUGE

EAST WING  
COVER LEFT  
DRAWING PAGE 1 OF 3

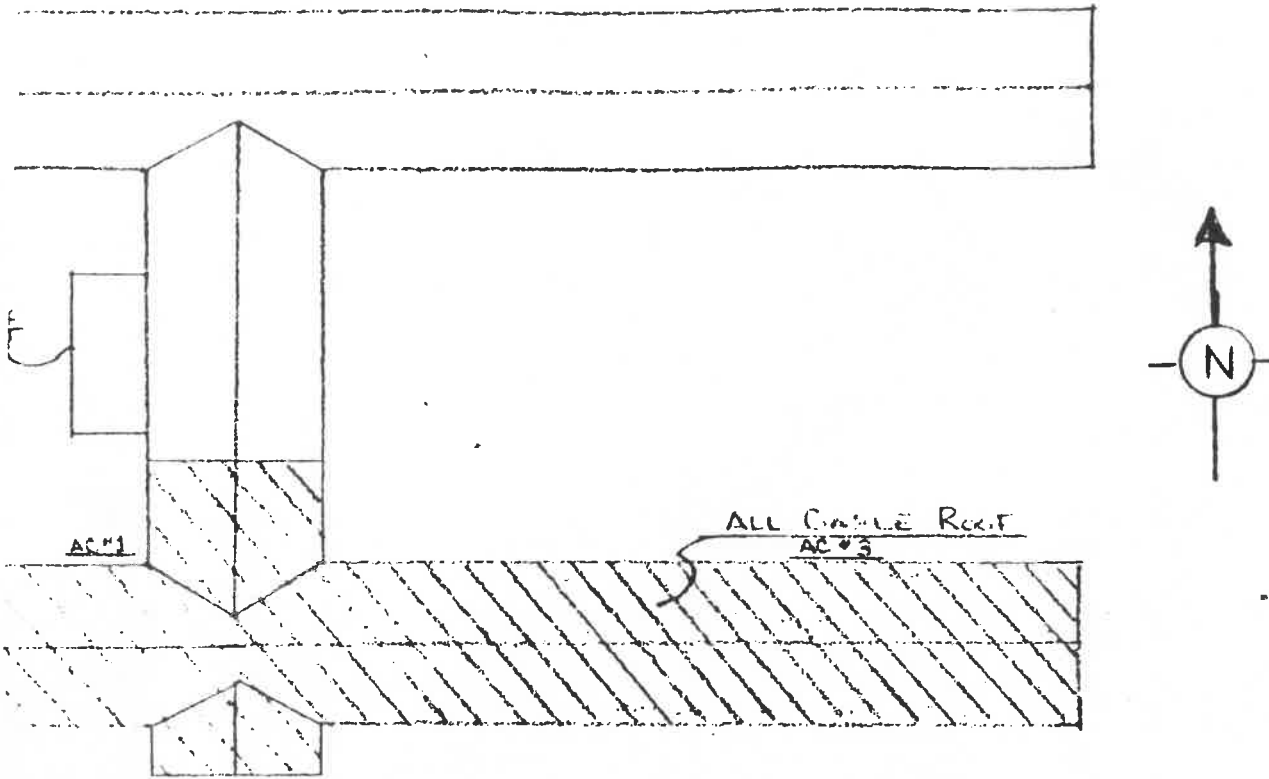
NOTES:

1. NO PREVIOUS STATE PERMIT ISSUED. AT TIME OF CONSTRUCTION, INSPECTION BY CITY OF NAPCLEON, HENRY COUNTY.
2. ALL DUCT CONNECTORS TO HAVE DAMPERS FOR BALANCING SYSTEM
3. LINE RECTANGULAR DUST INSIDE WITH 1" DUST LINER.
4. WRAP ROUND DUST WITH 1 1/2" FIBERGLASS WITH VAPOR BARRIER. STAPLE AND TAPE JOINTS. USE APPROVED FLEX DUCT ON BRANCH DUCTS.
5. FIRESTOPPS ARE SUPPLIED WITH EACH UNIT FOR FIELD INSTALLATION



75 AND 15H.

8, EXISTING NURSING HOME BUILDINGS HEATED WITH ELECTRIC  
BASEBOARD HEATERS. ADD CENTRAL ELECTRIC AIR CONDITIONING  
ONLY IN AREAS AS DESIGNATED ON DRAWINGS. ELECTRIC  
CONDENSERS LOCATED OUTDOORS WITH INDOOR AIR HANDLERS  
AND DUCTS LOCATED IN ATTIC AREA.



AREA AS SHOWN ON DRAWING

INSIDE NURSING HOME — ADD CENTRAL AIR CONDITIONING

# OHIO GAS COMPANY

OWNER: NORTHCREST NURSING HOME  
 ADDRESS: NORTHCREST DRIVE, NAPOLEON, OH.  
 CONSTRUCTION: COMM. HEATING        COOLING YES  
 SCALE 1/8" = 1'-0" DATE 4-16-84 DRAWN BY D. SMITH  
 PAGE 1 OF 3

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## MECHANICAL

