

P E R M I T

CITY OF NAPOLEON  
255 W. RIVERVIEW AVE  
NAPOLEON, OHIO 43545

DIVISION OF BUILDING & ZONING  
PH (419) 592-4010  
FAX (419) 599-8393

PERMIT NO: 772                      DATE ISSUED: 08-28-01                      ISSUED BY: SKE

JOB LOCATION: 242 NORTHCREST DR                      EST. COST:

LOT #:    SUBDIVISION NAME:

OWNER: NORTHCREST NURSING HOME                      AGENT:  
ADDRESS: 242 NORTHCREST DR                      ADDRESS:  
CSZ: NAPOLEON, OH 43545                      CSZ:  
PHONE: 419-599-4070                      PHONE:

USE TYPE - RESIDENTIAL:                      OTHER:

ZONING INFORMATION

DIST:                      LOT DIM:                      AREA:                      FYRD:                      SYRD:                      RYRD:  
MAX HT:                      # PKG SPACES:                      # LOADING SP:                      MAX LOT COV:

BOARD OF ZONING APPEALS:

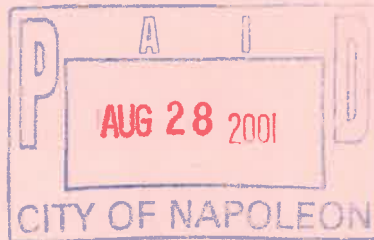
WORK TYPE - NEW:                      REPLMNT:                      ADD'N:                      ALTER:                      REMODEL:

WORK INFORMATION

SIZE - LGTH:                      WIDTH:                      STORIES:                      LIVING AREA SF:  
GARAGE AREA SF:                      HEIGHT:                      BLDG VOL DEMO PERMIT:

WORK DESCRIPTION  
OFFICE TRAILER

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
ZONING PERMIT		25.00



TOTAL FEES DUE                      25.00

8-28-2001  
DATE

Denise Torje  
APPLICANT SIGNATURE

CITY OF NAPOLEON INSPECTION FORM

PERMIT #: 772

DATE ISSUED: 08-28-2001

JOB LOCATION: 242 NORTHCREST DR

OWNER: NORTHCREST NURSING HOME

OWNER PHONE: 419-599-4070

CONTRACTOR:

CONTRACTOR PHONE:

WORK DESCRIPTION: OFFICE TRAILER

PLUMBING: UNDGR \_\_\_\_\_ RGHIN \_\_\_\_\_ FINAL \_\_\_\_\_

SEWER INSP \_\_\_\_\_

MECHANICAL: UNDGR \_\_\_\_\_ RGHIN \_\_\_\_\_ FINAL \_\_\_\_\_

FURNACE REPLC \_\_\_\_\_ AIR COND \_\_\_\_\_

ELECTRICAL: UNDGR \_\_\_\_\_ RGHIN \_\_\_\_\_ FINAL \_\_\_\_\_

SERV UPGR \_\_\_\_\_

BUILDING: SITE \_\_\_\_\_ FTG \_\_\_\_\_ FNDT \_\_\_\_\_

STRUC \_\_\_\_\_ ROOF \_\_\_\_\_ EXT \_\_\_\_\_

VENT \_\_\_\_\_ ACCES \_\_\_\_\_ EGRS \_\_\_\_\_

SMKDT \_\_\_\_\_ FINAL \_\_\_\_\_

ISSUE TEMP OCCUP \_\_\_\_\_ ISSUE OCCUP \_\_\_\_\_

STRG SHED: SITE \_\_\_\_\_ FINAL \_\_\_\_\_

SIGN: FTG \_\_\_\_\_ FINAL \_\_\_\_\_

FENCE: SITE \_\_\_\_\_ FINAL \_\_\_\_\_

MISC INSP: Site setbacks OK 9-6-01

NOTES: \_\_\_\_\_

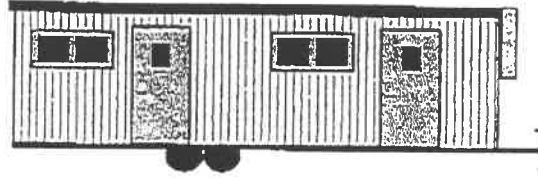
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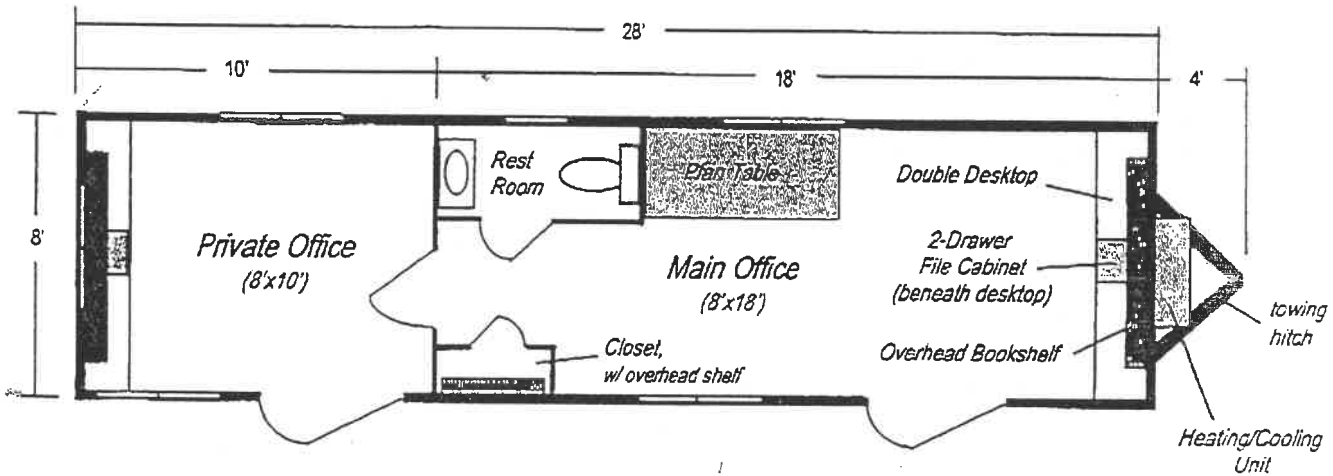
INSPECTOR INITIALS: BMA



# 8' x 28' Mobile Office (w/ restroom)



- 8'x28' building size; 8'x32' overall size (w/ towing hitch)
- (1) 8'x10' private office; (1) 8'x18' main office
- 224 square feet of interior floor space
- all-electric heat & air conditioning
- 50 lbs. per square foot allowable floor load
- ideal workspace capacity: **2-5 people**



## STANDARD FEATURES

6" JR I-beam outrigger chassis frame  
2"x4" floor joists, 16" O.C.  
2-1/2" R-7 floor insulation  
5/8" floor decking  
1/8" vinyl floor tile  
2"x3" or 2"x4" wall studs, 16" O.C.  
2-1/2" R-7 wall insulation  
.019 deluxe aluminum siding  
or  
decorative wood siding

1/4" woodgrain-paneled walls  
Five 46"x27" sliding windows  
Two 36"x80" exterior doors,  
with keyed locks  
36"x80" interior doors  
Electric water heater, with half-bath  
Prefinished gypsumboard ceiling, 8' AFF  
3-1/2" R-11 ceiling insulation  
Five 4' twin-tube fluorescent lights

Galvanized steel roofing  
1-1/4" steel external tie-down straps  
Two 2-drawer steel file cabinets  
Two 24"x96" double desktops, with  
overhead bookshelves  
36"x60" plan table  
Central heating & air conditioning  
or  
Three 4' electric baseboard heaters &  
Two wall-mounted air conditioners

### NOTES:

- Building requires single-phase electrical service (100 amps optimal)
- Some features and floor plans may differ slightly among 8x28's

From: "Sandy Eberle" <SANDY>  
To: damman  
Date sent: Thu, 30 Aug 2001 15:32:50 -0400  
Subject: Phone call: Denny

- \*\* At 30 Aug 1, 15:31, 242 Northwest (Hr is located)
- \*\* Denny, of Northcrest Nursing Home Phoned you.
- \*\* Phone number: (419) 599-4070
- \*\* He/She would like you to call back.

He/She also left the following message:

He said he was getting a trlr 8'x28' but the place he's getting the trlr doesn't have the above size but they have a 10'x40' trlr. Will this be ok for him to get.

9/4/01 -  
Called Denny - per Brent. Sandy  
told him ok,

yes - O.K.

242 Northcrest Dr.

# City of NAPOLEON, OHIO

255 WEST RIVERVIEW AVENUE, P.O. BOX 151  
NAPOLEON, OHIO 43545-0151  
(419) 592-4010  
FAX (419) 599-8393



## Fax Transmission

Mayor  
J. Andrew Small

To: Denny

Members of Council  
Michael J. DeWit, President  
Terri A. Williams  
James Hershberger  
Travis B. Sheaffer  
John A. Helberg  
Jean A. Steele  
Glenn A. Miller

Company Name: Northcrest Nursing Home

Fax Number: 592-4143

Number of Pages (Including Cover Page): 2

From: Brent N. Damman

Date: 9/4/01 Time: 11:12 am

City Manager  
Dr. Jon A. Bisher

Operator: Sandy Eberle

Finance Director  
Gregory J. Heath

Comments:  
Denny - Brent said this is all  
you should need for Wood County.

Law Director  
David M. Grahn

City Engineer  
Joseph R. Kleiner, P.E.

*Please call (419) 592-4010 if you have any trouble receiving this Transmission or you did not receive the number of pages shown above.*

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GARAGE AREA SF:              HEIGHT:              BLDG VOL DEMO PERMIT:

WORK DESCRIPTION  
OFFICE TRLR -10'X40'

FEE DESCRIPTION	PAID DATE	FEE AMOUNT DUE
ZONING PERMIT	08-28-01	25.00

TOTAL FEES DUE              25.00

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DATE

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APPLICANT SIGNATURE