



City of Napoleon Building Department

255 W. Riverview
P.O. Box 151
Napoleon, OH 43545
Phone: (419) 592-4010
Fax: (419) 599-8393
Email:

Zoning Commercial

Permit Number: P-16-0286
Expiration Date: 10/06/2017

Henry County Senior Center
203 ROHRS

Napoleon, OH 43545

Description:

\$50.00 Zoning Permit

Building Permit Info

Project Description:	New Senior Center
Construction Value:	\$3,000,000.00

Authorizing Signature

Date



City of Napoleon Building Department

255 W. Riverview
P.O. Box 151
Napoleon, OH 43545
Phone: (419) 592-4010
Fax: (419) 599-8393
Email:

Zoning Residential

Permit Number: P-17-0095
Expiration Date: 03/29/2018

Henry County Senior Center
203 ROHRS

Napoleon, OH 43545

Description:

\$25.00 Zoning Permit

Building Permit Info

Project Description:	Auxillary storage building
Construction Value:	\$190,000.00

Authorizing Signature

Date

**APPLICATION FOR CONSTRUCTION IN RIGHT-OF-WAY
(City Code Chapter 919)**

Definition: Public right-of-way means the surface and space above and below any real property in which the City has an interest in law or in equity, whether held in fee, or other estate or interest, or as trustee for the public, including but not limited to all public streets and public easements, as those terms are defined herein, sidewalks, tree, lawns and other property, but not only to the extent of the City's right, title interest or authority to grant a Construction Permit (§919.01).

Rupp / Roseblack Inc.
[Applicant Name]

7464 Co Rd 424
[Street Address]

LIBERTY CENTER OH 43532
City State Zip Code

- Corporation Not for Profit Organization Partnership
 LLC Sole Proprietor Other _____

[Federal Tax ID No.]

[Charter No. if Corp.]

[Statutory Agent if Corp.]

- Licensed as an Ohio Corporation Licensed in Ohio as a Foreign Corporation
Y N Y N

[List Any Affiliates to Company]

List the name, address and telephone number of the local officer, agent or employee responsible for the accuracy of the information provided and a number at which the City can contact the applicant at any time in case of emergency.

DREW TOADVINE 7464 Co Rd 424 LIBERTY CENTER
[Name] [Street] [City]
OH 43532 419-533-7999
[State] [Zip Code] [Emergency Telephone No.]

Location: S of Rohrs Street, E of 3rd street
Kind: (1) concrete approach & water line fix-in on Rohrs Ave
(2) concrete approach & approx. 170LF of sidewalk on 3rd street
- Approx. 2550SF of asphalt removal & topsoil replacement/seedling on 3rd street
Schedule - NOV 15th 2016 - DEC 15th 2016

(The location, the kind, extent and schedule of the proposed work to be performed)

Attached Not Attached: The location of all known overhead and underground public utility, utility, telecommunications, cable, water, sanitary sewer, storm water drainage and other existing facilities in the public right-of-way along the route of the applicants proposed construction, sufficient to show any impact of the applicant's facilities on other existing facilities.

Attached Not Attached: If the applicant is proposing to construct or locate facilities above ground: (a) Evidence that surplus space is available for locating its facilities on existing utility poles along the proposed route; and, (b) The location and route of all facilities to be located or installed on existing utility poles.

Attached Not Attached: If the applicant is proposing an underground installation of new facilities in existing ducts, pipes or conduits in the public rights-of-way, information in sufficient detail to identify: (a) The excess capacity currently available in such ducts or conduits before the installation of the applicants facilities; and, (b) The excess capacity, if any, that will exist in such ducts or conduits after installation of the applicants facilities.

Attached Not Attached: If the applicant is proposing an underground installation of new facilities in new ducts or conduits to be constructed in the public right-of-way: (a) The location and depth proposed for the new ducts or conduits; and, (b) The excess capacity that will exist in such ducts or conduits after installation of the applicants facilities.

Attached Not Attached: The construction methods to be employed for protection of existing structures, fixtures and facilities in or adjacent to the public right-of-ways.

Attached Not Attached: The structures, improvements, facilities and obstructions, if any, that the applicant proposes to temporarily or permanently remove or relocate.

Attached Not Attached: The impact of construction on trees in or adjacent to the public right-of-ways along the route proposed by the applicant, together with a landscape plan for protecting, trimming, removing, replacing and restoring any trees or areas disturbed during construction.

Attached Not Attached: Certificate of Insurance demonstrating compliance with the insurance provisions. Applicant shall maintain and file with the City a certificate evidencing a commercial, general and liability insurance policy, issued by a company authorized to write insurance in the State and designating the City as an additional insured, in the following amounts (or such other amounts determined to be adequate by the City Engineer):

- (1) One million dollars (\$1,000,000.00) for any and all claims for bodily injury or death for each person;
- (2) Three million dollars (\$3,000,000.00) for any and all claims for bodily injury or death for each accident;
- (3) Five hundred thousand dollars (\$500,000.00) for all other types of liability; and,
- (4) Ten million dollars (\$10,000,000.00) excess liability or umbrella coverage for each accident arising out of the work to be performed pursuant to the construction permit or the prosecution of the work for which the construction permit is obtained or in any manner arising or growing out of the work necessary or incident to the issuance of the construction permit or that may be occasioned by reason of any work or anything else done pursuant to the construction permit. The insurance coverage shall be on an occurrence coverage basis so that the insurance required by this section shall provide coverage through the end of the period established by the applicable statute of limitations for all items insured. Such insurance policy shall require written notification to the City thirty (30) days prior to any expiration or cancellation.

The Applicant shall show to the reasonable satisfaction of the City that the applicant has workers compensation insurance in effect at all times covering its obligations under the workers compensation statute.

No waiver of insurance shall be granted by the City Engineer unless, the nature of the construction work poses little or no risk to the public, as determined in writing by the City

Engineer. Waived Not Waived

MODIFIED - SUBMITTED LIMITS SUFFICE
FOR THIS PROJECT - *[Signature]* 2016-11-01

\$ _____ Fee: Paid Waived: Fee shall be waived by the City Engineer when the item being placed into or near the right-of-way is a mailbox or other permissible material that will require no inspection, as determined by the City Engineer.

Performance Bond Approved

Performance Bond Waived

[This blacked portion to be completed by authorized City official ONLY]

CAUTION:

By signing this application, you are agreeing on behalf of the person and/or entity you are representing to all the terms, conditions, rules and regulations as required by Chapter 919 of the Codified Ordinances of the City of Napoleon, Ohio as now in effect or as may be later amended. Applicant warrants that he/she has the authority to make such application to the City of Napoleon, Ohio. Finally, applicant hereby expressly undertakes to defend, indemnify and hold the City and its elected and appointed officers, officials, employees, volunteers, agents, representatives and subcontractors harmless from and against any and all damages, losses and expenses, including reasonable attorneys fees and costs of suit or defense, arising out of, resulting from or alleged to arise out of or result from the negligent, careless or wrongful acts, omissions, failures to act or misconduct of the applicant or its affiliates, officers, employees, agents, contractors or subcontractors in proposed construction in the public right-of-way, whether such acts or omissions are authorized, allowed or prohibited by Chapter 919 of the Codified Ordinance of the City of Napoleon, Ohio.

10/28/2016
[Date]

RUPP / ROSEBROCK, INC.
[Applicant]

CONSTRUCTION MANAGER

JUSTIN GROU, PRESIDENT
[Title]





RUPPR-2

OP ID: TW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/26/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Stapleton Insurance & Risk Mgt 122 N. Main Street Swanton, OH 43558 Brian Fuller, CLCS, CIC		CONTACT NAME: Brian Fuller, CLCS, CIC PHONE (A/C, No, Ext): 419-825-1156 FAX (A/C, No): 419-825-1150 E-MAIL ADDRESS:
INSURED Rupp/Rosebrock, Inc. Justin Groll 7464 County Road 424 Liberty Center, OH 43532	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Grange Mutual Insurance	NAIC # 14060
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDC/SUBR INSD / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	CPP2676340	04/17/2016	04/17/2017	EACH OCCURRENCE	\$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CA2676409	04/17/2016	04/17/2017	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		CUP2676342	04/17/2016	04/17/2017	EACH OCCURRENCE	\$ 6,000,000
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	CPP2676340 OH STOP GAP	04/17/2016	04/17/2017	PER STATUTE <input checked="" type="checkbox"/> OTH-ER	\$ 1,000,000
						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Henry County Commissioners is an additional insured with respects to the General Liability policy when in a written contract or written agreement.

CERTIFICATE HOLDER HENRY-1 Henry County Commissioners 1853 Oakwood Ave. Napoleon, OH 43545	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Fyler Webster</i>
---	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/06/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Ohio Insurance & Financial Services 704 W. Foulke Ave. Findlay, OH 45840	CONTACT NAME: Ben Nelson PHONE (A.C. No. Ext.): (419)671-8256 x9 E-MAIL ADDRESS: bcnelson3377@gmail.com	FAX (A.C. No.): (419)674-1226
	INSURER(S) AFFORDING COVERAGE	
INSURED Hohenbrink Excavating LLC PO Box 1743 Findlay, OH 45839	INSURER A: Auto Owners Insurance	
	INSURER B: Auto Owners Insurance	
	INSURER C: Auto Owners Insurance	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL ISBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	x x	05268276	11/16/2015	11/16/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	x x	44-659759-02	11/16/2015	11/16/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ included
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS	x x	44-659-759-03	02/22/2016	11/16/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in OH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N y N/A	Employer Liability- Stop Gap Coverage	11/16/2015	11/16/2016	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured:

Henry County Commissioner
 130 East Clinton St.
 Napoleon, OH 43545

CERTIFICATE HOLDER**CANCELLATION**

Rupp/Ruschbrock, Inc.
 7464 County Road 424
 Liberty Center, OH 43532

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

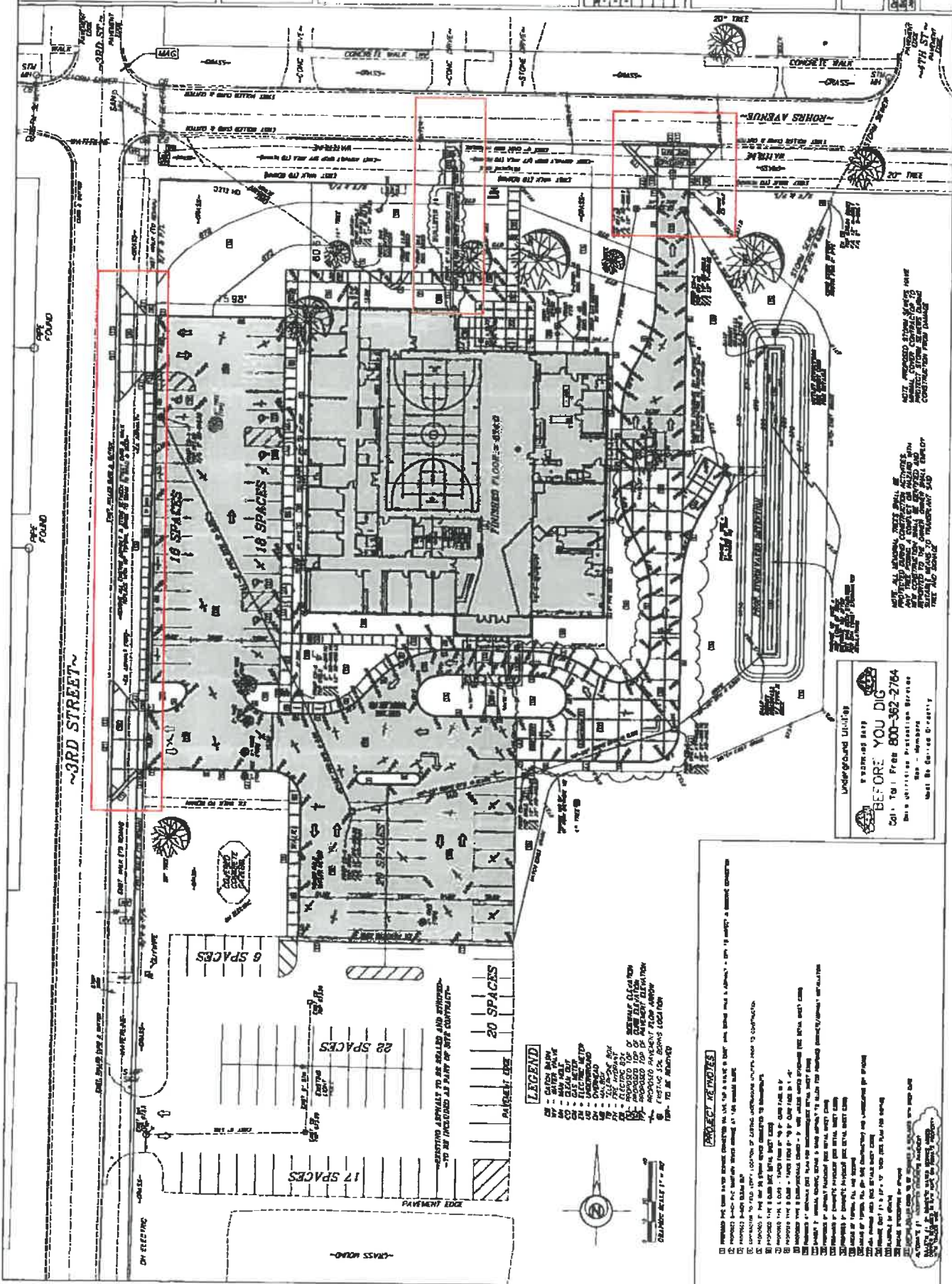
AUTHORIZED REPRESENTATIVE

T1 DESIGN DESIGN GROUP, INC.
 1100 N. 10TH ST., SUITE 200
 WASHINGTON, DC 20002
 (202) 546-3323
 FAX (202) 546-3324
 www.t1design.com

HENRY COUNTY SENIOR CENTER
 203 ROHR'S AVENUE
 NAPOLEON, OHIO 43545

Beckwith & Associates
 Engineering & Surveying
 1115 East Main Street
 Napoleon, Ohio 43545
 (614) 251-1111

SITE PLAN
 C102



NOTE: ALL EXISTING UTILITIES SHALL BE LOCATED BY GROUND PENETRATING RADAR (GPR) PRIOR TO CONSTRUCTION. CONTRACTOR TO VERIFY ALL UTILITIES PRIOR TO CONSTRUCTION.

NOTE: ALL EXISTING UTILITIES SHALL BE LOCATED BY GROUND PENETRATING RADAR (GPR) PRIOR TO CONSTRUCTION. CONTRACTOR TO VERIFY ALL UTILITIES PRIOR TO CONSTRUCTION.

Underground Utility
 BEFORE YOU DIG
 Call 800-362-2764
 Ohio's Utility Excavation Service
 www.ohioexcavation.com

- PROPOSED UTILITIES**
- 1. PROPOSED 12" WATER MAIN
 - 2. PROPOSED 12" GAS MAIN
 - 3. PROPOSED 12" SANITARY SEWER MAIN
 - 4. PROPOSED 12" RAIN WATER MAIN
 - 5. PROPOSED 12" ELECTRIC MAIN
 - 6. PROPOSED 12" TELEPHONE MAIN
 - 7. PROPOSED 12" CABLE MAIN
 - 8. PROPOSED 12" FIBER OPTIC MAIN
 - 9. PROPOSED 12" AIR CONDITIONING MAIN
 - 10. PROPOSED 12" HEATING MAIN
 - 11. PROPOSED 12" CHILLED WATER MAIN
 - 12. PROPOSED 12" CONDENSATE MAIN
 - 13. PROPOSED 12" RADIANT HEATING MAIN
 - 14. PROPOSED 12" RADIANT COOLING MAIN
 - 15. PROPOSED 12" RADIANT HEATING/COOLING MAIN
 - 16. PROPOSED 12" RADIANT HEATING/COOLING MAIN
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 - 50. PROPOSED 12" RADIANT HEATING/COOLING MAIN

Rupp/ Rosebrock, Inc.

Contractors/Managers

7-464 CR 424 • Liberty Center, Ohio 43532 • (419) 533-7999 • FAX (419) 533-8704

City of Napoleon
255 West Riverview Ave
Napoleon, OH 43545
Attn: City Engineer's Office

October 27, 2016

Reference: Right of Way Permit for Henry County Senior Center Project

Rupp/Rosebrock, Inc. is submitting for your review our responses to the required attachments for the City of Napoleon Right of Way Permit. Our responses are as follows:

- There are no underground or overhead public utilities (as indicated on the site drawings for this project) that will impact this project's proposed underground or overhead facilities.
- There are no above ground facilities proposed to be installed on the existing utility poles for this project.
- There are no underground facilities proposed to be installed in existing ducts, pipes or conduits in the public right of way for this project.
- This project proposes a new 6" water service fire line and a 2" water service domestic line to be installed and tapped in the public right of way. The location of the proposed water lines will be approximately 145Lf east of the right of way line on the east side of 3rd Street. (see attached). The depth of these water lines will be a minimum of 36-42 inches or as required to meet existing 6" cast iron water line depth that runs east and west along Rohrs Ave.
- The construction methods to be utilized for protection of existing structures, fixtures, and facilities in the public right of way will be to contact the Ohio Utilities Protection Service to locate all underground utilities in the area of the proposed excavation, the use of an observer working with the excavator, probing for underground utilities in a constant manner as excavation occurs and barricading of known areas of existing facilities
- Structures, improvements, facilities and obstructions that are proposed to be removed permanently as part of this project will be approximately 2550LF of existing asphalt located 60ft – 300ft south of the right of way line on the south side of Rohrs Ave. (See attached)
- There will be no impact on existing trees in or adjacent to the public right of way as a result of the worked proposed for this project.

If you have any questions, or need further information, please do not hesitate to call us.

Sincerely,

Rupp/Rosebrock, Inc.
Estimator/Project Manager
Drew Toadvine

Print Date: 06/20/2017



City of Napoleon Building Department

255 W. Riverview
P.O. Box 151
Napoleon, OH 43545
Phone: (419) 592-4010
Fax: (419) 599-8393
Email:

Right-of-Way

Permit Number: P-16-0336
Expiration Date: 11/16/2017

Rupp Rosebrock
203 ROHRS

Napoleon, OH 43545

Description:

Authorizing Signature

Date



Zoning Administrator
Building Commissioner
Tom Zimmerman

CITY OF NAPOLEON
Building & Zoning Division
255 W. Riverview Avenue, PO Box 151, Napoleon, OH 43545
Phone: 419-592-4010 - Fax: 419-599-8393

COMMERCIAL ZONING PERMIT APPLICATION

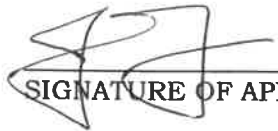
P-16-0286

ADDRESS OF PROPOSED BUSINESS: ²⁰³ ~~201~~ ROTHS AVENUE, NAPOLEON, OH
BUSINESS OWNER: HENRY COUNTY SENIOR CENTER
OWNER ADDRESS: 130 E. CLINTON ST., NAPOLEON, OH
OWNER PHONE: (419) 599-5515 CELL: N/A
PROPERTY OWNER: HENRY COUNTY COMMISSIONERS.
PROPERTY OWNER ADDRESS: 660 N. PERRY ST. NAPOLEON, OH
PROPERTY OWNER PHONE: (419) 592-1956 CELL: N/A
PREVIOUS BUSINESS USE: ELEM. SCHOOL / NAS

P-16-0286

ESTIMATED CONSTRUCTION COST \$ _____
ZONE: _____ # OF PARKING SPACES: 119 SQ FT OF BUILDING: 20,700 +/-
NEW BUSINESS USE/PROJECT DESCRIPTION: SENIOR GATHER PLACE +
FOOD / MEAL PREPARATION AND DISTRIBUTION
ADDRESS PERMIT SHOULD BE SENT TO: RUPP / ROSEBROCK, INC.
7-464 Co. RD. 424 LIBERTY CENTER, OH 43532

APPLICANT: JUSTIN GROLL PHONE#: (419) 533-7999
(AGENT OF OWNER)
FEE: \$50.00 (Fee may be waived if usage or size of building does not change. MZON 100.3100.46690)


SIGNATURE OF APPLICANT

8/23/2016
DATE

TOM ZIMMERMAN
ZONING ADMINISTRATOR

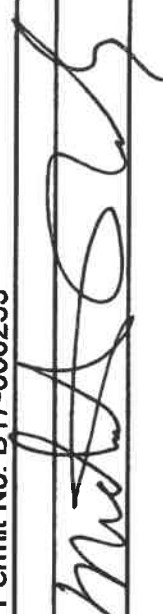
DATE

Building/Zoning Use Only
Permit # _____ Batch # 35812 Check # ~~35812~~ Date 08-31-16

2249

Certificate of Occupancy

Wood County Building Inspection

Address: HENRY CO SENIOR CENTER 203 ROHRS NAPOLEON, OH 43545 County: Henry	Stipulations, Conditions, & Variances: New Storage Building. All Inspections Completed. Occupancy Approved.												
Approved As: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Use Groups:</th> <th style="width: 85%;">Occupancy Description:</th> </tr> </thead> <tbody> <tr> <td>Primary</td> <td>S-1 Storage Building</td> </tr> <tr> <td>Accessory</td> <td>0</td> </tr> <tr> <td>Accessory</td> <td>0</td> </tr> <tr> <td>Accessory</td> <td>0</td> </tr> <tr> <td>Mixed Use</td> <td>0</td> </tr> </tbody> </table>	Use Groups:	Occupancy Description:	Primary	S-1 Storage Building	Accessory	0	Accessory	0	Accessory	0	Mixed Use	0	This Certificate represents an approval that is valid only when the building and its facilities are used as stated and is conditional upon all building systems being maintained and tested in accordance with the applicable Ohio Board of Building Standards rules and applicable equipment or systems schedules. This certifies conformance with Chapters 3781 and 3791 of the Ohio Revised Code and the applicable provisions of the rules of the Ohio Board of Building Standards.
Use Groups:	Occupancy Description:												
Primary	S-1 Storage Building												
Accessory	0												
Accessory	0												
Accessory	0												
Mixed Use	0												
Attached Floor Plan: <input type="checkbox"/>	Construction Type: 2B Sprinklers												
System Type: Standpipe: Location: Specific Hazards:	Demand: Demand:												
OBC Ed. 2011 OMC Ed. 2011 OPC Ed. 2011 Health and Safety OBC Section 111.1 Plan Approval/Building Permit No: B17-000233 Date: 10/16/2017 Chief Building Official:  Michael J. Rudey													