

Mahoning County

BUILDING DEPARTMENT
ROOM 201, 50 WESTCHESTER DR
YOUNGSTOWN, OHIO 44515

Ph. 330.270.2894
Fax 330.270.2898

JEFFREY S. UROSEVA, CHIEF BUILDING OFFICIAL



ADJUDICATION ORDER

TO: St Vincent De Paul Society

15 Oak Hill, P O Box 224

Youngstown, OH 44501

ADJUDICATION ORDER NUMBER: ADJ-C-2017-065

NOTICE ORDER DATE: June 23, 2017

MAILING DATE: June 23, 2017

COMPLIANCE DATE: July 23, 2017

The Mahoning County Building Inspection Department made and entered upon its records the following Adjudication Order:
Without prior hearing under Section 119.06 of the ORC, the building/structure affected by this Adjudication Order is located in Mahoning County and is known or described as:

NAME: St Vincent De Paul Building

STREET: 208 W Front Street

TOWNSHIP: Youngstown

USE GROUP: B PERMIT#: NA

COMMERCIAL STRUCTURE: unsafe structure

VIOLATIONS:

As a result of an employee complaint, this office conducted a Safety Hazard inspection at the above premises on June 22, 2017 where the following safety issues were noted: Ceiling on 2nd floor office space is collapsed, 1st floor area has a rotting floor under compartment sinks and floor joists tails in basement are rotting away, particularly under the area where a large cooler sits on 1st floor. All items are safety hazards and should not be occupied by employees/public. Upon further investigation, the Chief Building Official of Mahoning County found the owner of the site to be in violation of the following Sections of the Ohio Building Code (OBC).

Specifically; 2nd floor ceiling collapsed, 1st floor rotting under compartment sinks, and rotting floor joist tails in basement in need of repair and or maintenance.

Pursuant to the listed violations of the 2011 Ohio Building Code (OBC), you must comply with the sections of the Building Code and without prior hearing the Mahoning County Building Inspection department made and entered upon its records the following Adjudication Order:

**OAC Section 119.07 and/or OBC Section 4101:2-1-35 (C) ADJUDICATION ORDER,
REQUIRED BEFORE LEGAL PROCEEDINGS**

OBC Section 108.6.3 Observation of unsafe conditions or serious hazards. If an inspector, in the course of performing the assigned or requested inspections, observes an unsafe condition or a serious hazard, the inspector shall communicate that condition to the owner or the owner's on-site representative and shall report the findings immediately to the building official so that the building official can make a final determination of whether the violation constitutes a serious hazard which requires the issuance of an adjudication order as required in section 109.

HOW TO COMPLY WITH THIS ORDER: To comply with this order the following must be completed within 30 days from the mailing date:

1. Immediately secure the affected areas from staff/public occupancy.
2. Repairs/maintenance needed in areas of deterioration and failure. A minor alterations permit will be required for this type of work. An application has been enclosed for your convenience.
3. Once approved and/or permitted, obtain all required inspections.

FAILURE TO COMPLY: The owner or his/ her agent is hereby notified that occupancy and/ or construction at the above mentioned project is in violation of the above listed Sections of the 2011 Ohio Building Code and has 30 days from the mailing date of this order to bring the building into compliance.

If after 30 days the corrections have not been made or an appeal has not been filed, the Chief Building Official shall take the necessary steps to:

- 1) Have the courts order the occupants to vacate the building until the Certificate of Occupancy is completed, proving the building is safe for habitation. **And/or**
- 2) Turn the violation over to the Prosecutor for prosecution of the owner for violation of the State of Ohio Administrative Code and Revised Code.

JUL 03/2017/MON 03:55 PM

FAX No.

F. 003

APPEAL HEARING: In accordance with Chapter 119 of the ORC, you have 30 days from the mailing date of an adjudication or citation order to request an appeal hearing. Include with request a copy of this adjudication/citation order.

If you request an appeal hearing, at the hearing, you may be represented by counsel, present arguments or contentions orally or in writing and present evidence and examine witnesses appearing for or against you.

DO NOT send your request for an appeal hearing to the Mahoning County Building Inspection Department. If you desire an appeal hearing, send your request and one (1) copy of this Adjudication Order and a \$200 check made payable to Treasurer State of Ohio . Mail to:

**OHIO DEPARTMENT OF COMMERCE
BOARD OF BUILDING APPEALS
6606 TUSSING ROAD
REYNOLDSBURG, OH 43068
TELEPHONE: (614) 644-2616**

Your prompt attention to this matter is greatly appreciated, questions regarding this issue can be resolved by contacting our office manager at extension 254.

Mahoning County Building Inspection Department

 6.23.17

Jeffrey B. Uroseva, Chief Building Official

JSU/af

cc: Mahoning County Prosecutor
Youngstown City Fire Inspector-A Edwards
Youngstown City Health Department- E Bishop

File
USP Certified Mail

Enclosures

Minor Alterations Permit Application

Minor Alterations Permits are for existing structures/ uses that do not require plan approval per the Ohio Building Code but still require a Mahoning County Building Permit. For construction cost up to \$20,000, the permit fee is \$222.50 which includes processing/ review, two inspections, and a Certificate of Occupancy. If a Certificate of Occupancy is on file, the fee is \$157.50. For construction cost over \$20,000, \$2.50 per \$1000 over \$20,000 will be added to the permit cost. Fifty dollars is required at the time of the application and covers the cost of your initial inspection and is non-refundable once the service has been provided. After the inspection, your application will be reviewed as to whether the scope of work is applicable for a Minor Alterations Permit or if full plan approval is required. If approved as a Minor Alterations Permit, the balance of fees will be due and the permit must be picked up within 7 days. If not approved, you will be notified that plan approval is required per the Ohio Building Code and what action is needed if you choose to continue with the project.

THIS APPLICATION SHALL NOT BE PROCESSED UNTIL THE FOLLOWING INFORMATION IS SUBMITTED:

- Supporting permits; building permit cannot be issued until all applicable permits are obtained.
 ZONING: _____ ELECTRIC: _____ PLUMBING: _____ SANITARY/ SEPTIC: _____ FLOODPLAIN: _____
- Non-refundable \$50.00 inspection fee
- Scope of work identifying all proposed work to be completed
- Floor plan; dimensioned, labeled, rooms numbered, equipment and proposed uses of space. Must be legible.
- Construction details of all work to be completed, i.e., 20 linear feet of 2x4 walls 16"o.c. w/ 5/8" drywall each side, cut new doorway into existing wall, flame spread characteristics of carpet that is to be added to structure, if applicable.

BUSINESS NAME:	CONTRACTOR:
PROPOSED / USE OF STRUCTURE:	CONTACT PERSON:
CONTRACT PRICE OF PROJECT:	PHONE #:
PROJECT ADDRESS:	CONTACT ADDRESS:
TOWNSHIP:	

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I, _____ Print Name _____, declare that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the applicable State of Ohio laws and/or building codes and Mahoning County resolutions. I am the owner or I have been given authorization from the property owner to obtain this permit. I realize that the information that I have affirmed hereon forms a basis for the issuance of the permit herein applied, and shall not be construed to allow any construction upon said premises or use thereof in violation of any applicable State of Ohio/ Federal laws and/ or Mahoning County resolutions or to excuse the owner or his or her successors in title from complying therewith.

I understand that by applying for this permit, the plans and specifications, and the representations therein contained, are made a part of this application. Furthermore, Mahoning County Building Department is requested to issue the appropriate Building Permit. I am consenting to the fees in accordance with the Building Department Fee Schedule; also, the inspection of this property and to the entry onto the property by inspectors of the authority having jurisdiction for the purpose of performing the necessary inspections for the duration of the permit. It is understood and agreed by this applicant that any error, misstatement or misrepresentation of material, fact or expression of material, or any change in the accompanying plans, specifications or structure made subsequent to the issuance of a permit in accordance with this application, without the approval of the Chief Building Official, shall constitute sufficient grounds for the revocation of such permit.

ALL FEES SHALL BE PAID IN FULL AND ALL DOCUMENTS SIGNED BEFORE A BUILDING PERMIT WILL BE ISSUED

* Signature of Owner or Owner's Agent _____ Date

FOR BUILDING DEPARTMENT USE ONLY

DATE APPLICATION RECEIVED: _____ PERMIT TECH _____ 1ST REMINDER _____ 2ND REMINDER _____

INSPECTION DATE: _____ INSPECTOR: _____ *ATTACH INSPECTOR CHECKLIST*

NOTIFY APPLICANT MINOR ALTERATION PERMIT IS APPROVED WITH THE FOLLOWING INSPECTIONS:

BUILDING/ HVAC PLUMBING FIRE DEPARTMENT ELECTRICAL FIRE SUPPRESSION OTHER _____

CERTIFICATE OF OCCUPANCY ONLY, NO CHANGE IN PREEXISTING USE

SCOPE OF WORK REQUIRES OHIO BUILDING CODE PLAN APPROVAL

CHIEF BUILDING OFFICIAL APPROVAL: _____ DATE _____

Mahoning County Building Department, 50 Westchester Dr. Room 201, Youngstown OH 44515
 Phone 330-270-2894 Fax 330-270-2898 www.mahoningcountyoh.gov

9596 1344 9359
7015 1520 0001 1344 9359

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$

Postmark
Here

6-23-17

Sent To	St Vincent DePaul
Street and Apt. No., or PO Box No.	PO Box 224
City, State, ZIP+4®	YOUNGSTOWN OH 44501

PS Form 3800, April 2015 PSN 7530-02-000-2017 See Reverse for Instructions

SENDER COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

St Vincent DePaul Society
PO Box 224
Youngstown OH 44501



9590 9402 2740 6351 0134 33

7015 1520 0001 1344 9359

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
X <i>[Signature]</i>	
B. Received by (Print Name)	C. Date of Delivery
<i>[Signature]</i>	

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

[Circular Postmark: RECEIVED POSTMASTERS OFFICE JUL 02 2017]

3. Service Type	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Mail Restricted Delivery	