

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **E13**

INSPECTION # **08-01557**

ADDRESS **VAN AUKER ST**

FROM / TO **36**

TAX ACCT #

PROPERTY OWNER **MARK MC CONNEL**

ADDRESS **607 36 DELAWARE AV** PHONE **776-3341**

CITY **BATH** STATE **NY** ZIP **14810**

MAILING NAME **MARK MC CONNEL**

ADDRESS **36 DELAWARE AV** PHONE

CITY **BATH** STATE **NY** ZIP **14810**

EMERGENCY CONTACT **MARK MC DANIEL**

ADDRESS **10 SOUTH AV** PHONE **395-0259**

CITY **BROCKPORT** STATE **NY** ZIP **14420**

NFPA 901 CODES GENERAL PROPERTY USE **80** SPECIFIC PROPERTY USE **891** STRUCTURE TYPE **1** STRUCTURE STATUS **2**

NO ENTRY DATES:

BUSINESS NAME **BABCOCK CO. 235-0820** PHONE

DISPOSITION by FIRE SAFETY:

BUSINESS OWNER **MARK MC CONNEL** **607**

ADDRESS **36 DELAWARE AV** **BATH** **NY14810**

PHONE **776 3341**

BUSINESS EMERGENCY **MARK MC DANIEL**

ADDRESS **10 SOUTH AV** **BROCKPORT** **NY14420**

PHONE **395 0259**

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION

- A = ATTIC
- C = CELLAR
- G = GARAGE
- O = OUTSIDE
- # = FLOOR #

REFERRED  
ORDERS ISSUED  
CORRECTED  
NOT REQUIRED

DIRECTION ROOM #, ETC.

COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D

*VACANT and Secure*

Y N	Y N	Y N
<input type="checkbox"/> <input type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> <input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> <input type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> <input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> <input type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> <input type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> <input type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT: <i>Lt. C. Regan</i>	COMPANY	DISTRICT	GROUP	DATE
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE OF REINSPECTION
FIRE SAFETY INSPECTOR:				DATE

COPY TO FIRE SAFETY

RFD 501 REV. 03/03





**City of Rochester  
FIRE DEPARTMENT**

**FIRE SAFETY DIVISION**

185 Exchange Blvd., Suite 665  
Rochester, New York 14614  
(585) 428-7037

**PERMIT**

DATE 08/07/06

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

**TO WHOM IT MAY CONCERN:**

By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

**BABCOCK COMPANY INC.**  
36 VAN AUKER ST

07-08154	PERMIT NUMBER
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having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

PERMIT CODE	PERMIT CATEGORY	FEE
5412B21B	LPG LESS THAN 1000	\$ 70
		<b>TOTAL \$ 70</b>

This PERMIT is issued and accepted on condition that all Fire Prevention Code provisions now adopted, or that may hereafter be adopted, shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES **08/31/07**

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

*Jeanne DeLuca*  
FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

~~Please return this part with payment~~

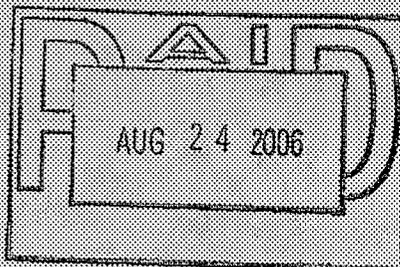
MAKE YOUR CHECK OR MONEY ORDER, PAID IN FULL, PAYABLE TO CITY TREASURER AND MAIL TO:

PLEASE WRITE PERMIT NUMBERS ON YOUR CHECK OR MONEY ORDER

ROCHESTER FIRE DEPARTMENT  
ATTENTION: ACCOUNTS RECEIVABLE  
185 EXCHANGE BLVD., SUITE 663  
ROCHESTER, NEW YORK 14614

00036 VAN AUKER ST

07-08154	PERMIT NUMBER
08/07/06	INVOICE DATE
09/07/06	DUE DATE
\$ 70	AMOUNT DUE



BABCOCK COMPANY INC.  
36 VAN AUKER ST  
ROCHESTER NY 14608

**Permit fee payments not received by the due date will be considered delinquent.**

**These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.**

**Municipal Code Summons Schedule**

	<b>Initial</b>	<b>Default</b>
<b>1st Offense, or after 30 days</b>	<b>\$ 75.00</b>	<b>\$150.00</b>
<b>2nd Offense, or after 60 days</b>	<b>\$150.00</b>	<b>\$300.00</b>
<b>3rd Offense, or after 90 days</b>	<b>\$375.00</b>	<b>\$750.00</b>

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607 - 522 - 3704

BUILDING INSPECTION / COMPLAINT FORM



COMPANY E13  
ADDRESS VAN AUKER ST

INSPECTION # 05-02328  
TAX ACCT #

PROPERTY OWNER MARK MC CONNEL ADDRESS 607 36 DELAWARE AV PHONE 776-3341  
CITY BATH STATE NY ZIP 14810

MAILING NAME MARK MC CONNEL ADDRESS 36 DELAWARE AV PHONE  
CITY BATH STATE NY ZIP 14810

EMERGENCY CONTACT MARK MC DANIEL ADDRESS 10 SOUTH AV PHONE 395-0259  
CITY BROCKPORT STATE NY ZIP 14420

NFPA 901 CODES GENERAL PROPERTY USE 80 SPECIFIC PROPERTY USE 891 STRUCTURE TYPE 1 STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME BABCOCK CO. 235-0820 PHONE  
BUSINESS OWNER MARK MC CONNEL 607  
ADDRESS 36 DELAWARE AV BATH NY14810  
PHONE 776 3341  
BUSINESS EMERGENCY MARK MC DANIEL  
ADDRESS 10 SOUTH AV BROCKPORT NY14420  
PHONE 395 0259

DISPOSITION by  
FIRE SAFETY:

- A = ATTIC
- C = CELLAR
- G = GARAGE
- O = OUTSIDE
- # = FLOOR #

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS  
OR CONSTRUCTION

DIRECTION  
ROOM #, ETC.

COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D

REFERRED  
ORDERS ISSUED  
CORRECTED  
NOT REQUIRED

Y N	Y N	Y N
<input checked="" type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input checked="" type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> BARS/WIRE ON WINDOWS
<input checked="" type="checkbox"/> FIRE ALARM SYSTEM	<input checked="" type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input checked="" type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT: [Signature] COMPANY E-3 DISTRICT 2 GROUP 2 DATE 12/14/05  
BUS/PROP REPRESENTATIVE: [Signature] POSITION / TITLE DATE OF REINSPECTION  
FIRE SAFETY INSPECTOR: DATE

BUILDING INSPECTION / COMPLAINT FORM



COMPANY E13  
ADDRESS

INSPECTION # 03 02517  
TAX ACCT #

VAN AUKER ST.  
PROPERTY OWNER MARK Mc CONNELL  
GEORGE REENERS

FROM / TO 36

ADDRESS 36 DELAWARE AV PHONE 607-776-3341  
369 HARTSVILLE LN 265-4031

MAILING NAME MARK Mc CONNELL  
JOHN CONNOR 235-0820

CITY WEBSTER BATH STATE NY ZIP 14580 810  
ADDRESS 36 DELAWARE AV PHONE 607-776-3341

EMERGENCY CONTACT MARK Mc DANIEL  
GEORGE REENERS

CITY ROCHESTER BATH STATE NY ZIP 14608  
ADDRESS 10 SOUTH AV PHONE 395-0259  
369 HARTSVILLE LN 265-4031  
CITY WEBSTER BROCKPORT STATE NY ZIP 14580 420

NFPA 901 CODES GENERAL PROPERTY USE 80 SPECIFIC PROPERTY USE 891 STRUCTURE TYPE 1 STRUCTURE STATUS 2

NO ENTRY DATES:

BUSINESS NAME BABCOCK CO. CONNOR JOHN E SON INC. PHONE 235-0820  
BUSINESS OWNER MARK Mc CONNELL  
ADDRESS 36 DELAWARE AV.  
BATH, NY 14810 PHONE 607-776-3341  
BUSINESS EMERGENCY MARK Mc DANIEL  
ADDRESS 10 SOUTH AV  
BROCKPORT NY PHONE 235-395-0259

DISPOSITION by FIRE SAFETY:

- A = ATTIC
- C = CELLAR
- G = GARAGE
- O = OUTSIDE
- # = FLOOR #

- REFERRED
- ORDERS ISSUED
- CORRECTED
- NOT REQUIRED

SPECIAL INSTRUCTIONS:

SPECIAL HAZARDS OR CONSTRUCTION LIGHT WIEGHT BAR JOIST FLAT ROOF

COMPLAINT

NO VIOLATIONS NOTED AT THIS TIME  A  B  C  D

No Complaints @ Time of Insp.

Y N	Y N	Y N
<input type="checkbox"/> <input checked="" type="checkbox"/> SPRINKLER SYSTEM	<input type="checkbox"/> <input checked="" type="checkbox"/> FIRE/SMOKE DETECT. SYSTEM	<input type="checkbox"/> <input checked="" type="checkbox"/> SINGLE STATION SMOKE DETECTORS
<input type="checkbox"/> <input checked="" type="checkbox"/> STANDPIPE SYSTEM	<input type="checkbox"/> <input checked="" type="checkbox"/> KITCHEN HOOD EXTING. SYSTEM	<input type="checkbox"/> <input checked="" type="checkbox"/> BARS/WIRE ON WINDOWS
<input type="checkbox"/> <input checked="" type="checkbox"/> FIRE ALARM SYSTEM	<input type="checkbox"/> <input checked="" type="checkbox"/> OTHER FIRE EXTING. SYSTEM	<input type="checkbox"/> <input checked="" type="checkbox"/> LOCK BOX

OFFICER PREPARING REPORT: CAPT. BART JOSEPH COMPANY E-13 DISTRICT 4 GROUP 4 DATE 9/25/03  
 BUS/PROP REPRESENTATIVE: [Signature] POSITION / TITLE MANAGER DATE OF REINSPECTION  
 FIRE SAFETY INSPECTOR: [Signature] DATE

FD-501 REV. 03/03



# City of Rochester FIRE DEPARTMENT

FIRE SAFETY DIVISION

300 Public Safety Building  
Rochester, New York 14614  
(716) 428-7037

## PERMIT

DATE 08/04/00

For keeping, storing, using, installing, manufacturing, handling, transporting, or otherwise employing flammable, combustible, or explosive materials, or materials, processes, or equipment, which if improperly used may produce conditions hazardous to life or property.

TO WHOM IT MAY CONCERN:

By virtue of the provisions of the Fire Prevention Code of the City of Rochester, NY.,

UPSTATE PAINTING  
4 VAN AUKER

ST

01-08107	PERMIT NUMBER
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having made application in due form, and as the conditions, surroundings, and arrangements are, in my opinion, such that the intent of the Fire Prevention Code can be observed, authority is hereby given and this PERMIT is GRANTED for:

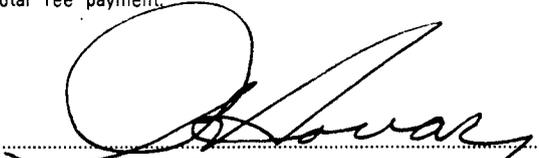
PERMIT CODE	PERMIT CATEGORY	FEE
5412B10C1	FLAM/COMB LQD STORAGE CLS I,II,III	\$ 50
		TOTAL \$ 50

This PERMIT is issued and accepted on condition that all Fire Prevention Code provisions now adopted, or that may hereafter be adopted, shall be complied with, and said PERMIT will become valid only after receipt of total fee payment.

THIS PERMIT EXPIRES

08/31/01

This permit does not take the place of any License required by law and is not transferable. Any change in the use or occupancy of premises shall require a new permit.

  
FIRE MARSHAL

THIS PERMIT MUST AT ALL TIMES BE KEPT ON FILE AT THE PREMISES MENTIONED ABOVE

TREASURER: CLERK

AUG15/00 11:45AM

C CLERK 02

1 FIRE FVN 50.00

SUBTOTAL 50.00

TOTAL 50.00

CHECK 50.00

# ITEM 1

7497 02 0101 AUG15/00 11:45A

Permit fee payments not received by the due date will be considered delinquent.

These delinquent properties operating with invalid permits will be subject to the issuance of a Municipal Code Violations Summons pursuant to Chapter 54-10 of the Municipal Code.

Municipal Code Summons Schedule

	Initial	Default
1st Offense, or after 30 days	\$ 75.00	\$150.00
2nd Offense, or after 60 days	\$150.00	\$300.00
3rd Offense, or after 90 days	\$375.00	\$750.00



BUILDING INSPECTION / COMPLAINT FORM



COMPANY **E13** INSPECTION # **14730**  
 ADDRESS **VAN AUKER ST** FROM / TO **36** TAX ACCT # **022628-03.0**  
 PROPERTY OWNER **JOHN CONNOR** ADDRESS **56 MODELANE ST** PHONE **244-5485**  
 CITY **ROCHESTER** STATE **NY** ZIP **14618**  
 MAILING NAME **JOHN CONNOR** ADDRESS **56 MODELANE ST** PHONE  
 CITY **ROCHESTER** STATE **NY** ZIP **14618**  
 EMERGENCY CONTACT **JOHN M CONNOR** ADDRESS **152 HOWELL ST** PHONE **394-5441**  
 CITY **CANANDAGUIA** STATE **NY** ZIP **14424**

NFPA 901 CODES GENERAL PROPERTY USE **80** SPECIFIC PROPERTY USE **891** STRUCTURE TYPE **1** STRUCTURE STATUS **2**

NO ENTRY DATES:

BUSINESS NAME **CONNOR JOHN & SON** PHONE  
 BUSINESS OWNER  
 ADDRESS PHONE  
 BUSINESS EMERGENCY ADDRESS PHONE  
 SPECIAL INSTRUCTIONS:  
 SPECIAL HAZARDS OR CONSTRUCTION

DISPOSITION by FIRE SAFETY:

REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
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DIRECTION ROOM #, ETC.

COMPLAINT

*No Complaints at this time*

OFFICER PREPARING REPORT: *[Signature]* COMPANY **E13** DISTRICT **2** GROUP **4** DATE **8/5/96**  
 BUS/PROP REPRESENTATIVE: POSITION / TITLE DATE  
 FIRE SAFETY INSPECTOR: DATE







BUILDING INSPECTION / COMPLAINT FORM



04168

COMPANY E13  
ADDRESS  
VAN AUKER  
PROPERTY OWNER  
JOHN

ST  
CONNOR

FROM / TO  
36

INSPECTION #  
TAX ACCT #  
022628-03.0

ADDRESS  
56 MODELANE ST  
CITY ROCHESTER STATE NY ZIP 14618

PHONE  
244-5485

MAILING NAME  
JOHN CONNOR

ADDRESS  
56 MODELANE ST  
CITY ROCHESTER STATE NY ZIP 14618

PHONE

EMERGENCY CONTACT  
JOHN M CONNOR

ADDRESS  
152 HOWELL ST  
CITY CANANDAGUIA STATE NY ZIP 14424

PHONE  
394-5441

NFPA 901 CODES	GENERAL PROPERTY USE <u>80</u>	SPECIFIC PROPERTY USE <u>891</u>	STRUCTURE TYPE <u>1</u>	STRUCTURE STATUS <u>2</u>
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NO ENTRY DATES:  A = ATTIC C = CELLAR G = GARAGE O = OUTSIDE # = FLOOR #	BUSINESS NAME CONNOR JOHN & SON BUSINESS OWNER ADDRESS BUSINESS EMERGENCY ADDRESS	PHONE   PHONE  PHONE	DISPOSITION by FIRE SAFETY:			
	SPECIAL INSTRUCTIONS:		REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
	SPECIAL HAZARDS OR CONSTRUCTION <i>Truss Roof</i>					
	DIRECTION ROOM #, ETC.	COMPLAINT				
<i>No Complaints at this time</i>						

OFFICER PREPARING REPORT: <i>Capt D. Prevost</i>	COMPANY E-13	DISTRICT 2	GROUP 4	DATE 4/29/92
BUS/PROP REPRESENTATIVE:	POSITION / TITLE			DATE
FIRE SAFETY INSPECTOR:	DATE			

COPY TO FIRE SAFETY

BUILDING INSPECTION / COMPLAINT FORM



COMPANY **E04**  
ADDRESS

**VERONA ST**  
PROPERTY OWNER  
~~Samuel T. Smith~~  
~~Hubbard Jr.~~

MAILING NAME  
**ALLING & CORP CORP**

EMERGENCY CONTACT  
~~EDWARD KUHN~~  
**Bill Graff**

FROM / TO  
**40**

CITY **ELLISFORD**

CITY **ROCHESTER**

CITY **106 Treumont Cir**

INSPECTION #

**03375**

TAX ACCT #

**000752-00.0**

ADDRESS **296 Sandringham Rd**

~~87 N COUNTRY CLUB DR~~

ADDRESS **25 VERONA ST**

ADDRESS **16041 HINDS RD**

STATE

STATE

STATE

PHONE

PHONE

PHONE

ZIP

ZIP

ZIP **14608**

**381-4686**

~~14534~~

**385-4110**

**454 1880**

**14608**

**546-5788**

~~470 5333~~

NFPA 901 CODES	GENERAL PROPERTY USE <b>59</b>	SPECIFIC PROPERTY USE <b>591</b>	STRUCTURE TYPE <b>1</b>	STRUCTURE STATUS <b>5</b>
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NO ENTRY DATES:  A = ATTIC C = CELLAR G = GARAGE O = OUTSIDE # = FLOOR #	BUSINESS NAME <b>ALLING &amp; CORP CORP</b>	BUSINESS OWNER ADDRESS	BUSINESS EMERGENCY ADDRESS	SPECIAL INSTRUCTIONS: SPECIAL HAZARDS OR CONSTRUCTION	DISPOSITION by FIRE SAFETY:  REFERRED ORDERS ISSUED CORRECTED NOT REQUIRED
	DIRECTION ROOM #, ETC.	COMPLAINT			
	<p style="text-align: center;"><i>ok at time of inspection</i></p>				
	(Empty rows for additional entries)				

OFFICER PREPARING REPORT: <b>B. Smith</b>	COMPANY <b>M-8</b>	DISTRICT	GROUP <b>2</b>	DATE <b>11-5-91</b>
BUS/PROP REPRESENTATIVE: <b>Bill Graff</b>	POSITION / TITLE <b>manager</b>			DATE <b>11-5-91</b>
FIRE SAFETY INSPECTOR:				DATE









BUILDING INSPECTION / COMPLAINT FORM

COMPANY E13 INSPECTION # 49901  
 ADDRESS VAN AUKER ST FROM / TO 36 TAX ACCT # 022628-03.0  
 PROPERTY OWNER JOHN CONNOR ADDRESS 56 MODELANE ST PHONE 244-5485  
 CITY ROCHESTER STATE NY ZIP 14618  
 MAILING NAME JOHN CONNOR ADDRESS 56 MODELANE ST PHONE  
 CITY ROCHESTER STATE NY ZIP 14618  
 EMERGENCY CONTACT JOHN M CONNOR ADDRESS 152 HOWELL ST PHONE 394-5441  
 CITY CANANDAGUIA STATE NY ZIP 14424

NFPA 901 CODES GENERAL PROPERTY USE 80 SPECIFIC PROPERTY USE 891 STRUCTURE TYPE 1 STRUCTURE STATUS 2

- A = ATTIC
- C = CELLAR
- G = GARAGE
- O = OUTSIDE
- # = FLOOR #

BUSINESS NAME CONNOR JOHN & SON PHONE  
 BUSINESS OWNER  
 ADDRESS  
 PHONE  
 BUSINESS EMERGENCY  
 ADDRESS  
 PHONE

DISPOSITION by FIRE SAFETY:

REFERRED	ORDERS ISSUED	CORRECTED	NOT REQUIRED
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SPECIAL INSTRUCTIONS:

COMPLAINT

*none at time of inspection*

OFFICER PREPARING REPORT: Capt. E. Frank Kennerly COMPANY E13 DISTRICT B2 GROUP 4 DATE 9-6-89  
 BUS/PROP REPRESENTATIVE: POSITION / TITLE DATE  
 FIRE SAFETY INSPECTOR: DATE







Location 36 Van Acker St.

Construction Concrete Block Stories 1 Length 100' Width 60'

Use of Bldg. Warehouse & Office

Fire Extinguishers: No. and Kind 1 - Dry Chemical

Floor Openings Other Than Stairs or Elevators: -

How Protected? -

Heating Apparatus: Type Gas

Location of Floor Drains: 2 - Center of Building

How Can Access Be Gained to Basement? -

Main Electrical Switch: Westside Center

Water Main Shut Off: Office - Center of Building

Gas Shut Off: Southwest Corner

Air Conditioning Shut Off: -

Special Conditions: -

