Notice of Commencement of Public Improvement

OhioDAS

Ohio Department of Administrative Services
General Services Division
State Architect's Office ▪ 4200 Surface Road ▪ Columbus, Ohio 43228-1395

http://ohio.gov/sao
StateArchOff@das.state.oh.us
Phone 614.466.4761

Notice is hereby given in accordance with Section 1311.252 Ohio Revised Code of the commencement of the Public Improvement identified as:

Project Name	L-16 Halon Replacement Project	Project Number	BWC-110001
Project Location	William Green Building	Owner	Bureau of Worker's Compensation
County	Franklin	Date of Contract*	February 21, 2011

Public Authority

The Public Authority responsible for the Public Improvement is:

State of Ohio
Department of Administrative Services
General Services Division
State Architect's Office
4200 Surface Road
Columbus, Ohio 43228-1395

Designated Representative

The representative to whom service of an affidavit may be made pursuant to Section 1311.26 Ohio Revised Code is:

Carmen Tipple
State of Ohio
Department of Administrative Services
General Services Division
State Architect's Office
4200 Surface Road
Columbus, Ohio 43228-1395

Affidavit

I certify or affirm that to the best of my knowledge, the information provided in this document is true and correct and that I am fully authorized to provide this Notice.

Affiant:
State Architect's Office

Lane J. Beougher, State Architect

Notary

~~The~~ Affiant acknowledged and signed this instrument before me, a Notary Public in and for the County of Franklin, State of Ohio.

[Seal] Sworn and subscribed before me this 23rd day of February, 2012.

Carmen Tipple
Notary Public

NOTARIAL SEAL STATE OF OHIO

Carmen Tipple
Notary Public, State of Ohio
My Commission Expires 9/28/2015

List of Contractors and Sureties

Refer to following page(s).

*Date signed by Attorney General's Office

Notice of Commencement of Public Improvement continued OhioDAS

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Project Information

Project Name	L-16 Halon Replacement Project	Project Number	BWC-110001
Project Location	William Green Building	Owner	Bureau of Worker's Compensation

Contractor (attach additional pages as necessary)		Surety	
Name	S.A. Comunale	**Name**	Travelers Casualty and Surety Company of America
Address 1	1399 Ohlen Avenue	Address 1	One Tower Square
Address 2		Address 2	
City, State ZIP	Columbus, Ohio 43211	City, State, ZIP	Hartford, Connecticut 06183
Trade	Fire Protection		
Name	Gateway Mechanical, Inc	**Name**	West Bend Mutual Insurance Co.
Address 1	6290 Seeds Road	Address 1	8401 Greenway Blvd.
Address 2		Address 2	
City, State ZIP	Grove City, Ohio 43123	City, State ZIP	Middleton, Wisconsin 53562
Trade	HVAC		
Name	Ohio Electric Services of Dayton, Inc.	**Name**	State Automobile Mutual Insurance Company
Address 1	1555 Stanley Avenue	Address 1	518 East Broad Street
Address 2		Address 2	
City, State, ZIP	Dayton, Ohio 45404	City, State, ZIP	Columbus, Ohio 43215
Trade	Electrical		
Name		**Name**	
Address 1		Address 1	
Address 2		Address 2	
City, State ZIP		City, State ZIP	
Trade			
Name		**Name**	
Address 1		Address 1	
Address 2		Address 2	
City, State ZIP		City, State ZIP	
Trade			
Name		**Name**	
Address 1		Address 1	
Address 2		Address 2	
City, State ZIP		City, State ZIP	
Trade			