



Federal Emergency Management Agency

Washington, D.C. 20472

January 10, 2005

MR. IVO KRAMER
CHAIRMAN, AUGLAIZE COUNTY
201 SOUTH WILLIPIE STREET SUITE G11
COUNTY COURTHOUSE
WAPAKONETA, OH 45895-0000

CASE NO.: 04-05-A808A
COMMUNITY: AUGLAIZE COUNTY, OHIO
(UNINCORPORATED AREAS)
COMMUNITY NO.: 390761

DEAR MR. KRAMER:

This is in reference to a request that the Federal Emergency Management Agency (FEMA) determine if the property described in the enclosed document is located within an identified Special Flood Hazard Area, the area that would be inundated by the flood having a 1-percent chance of being equaled or exceeded in any given year (base flood), on the effective National Flood Insurance Program (NFIP) map. Using the information submitted and the effective NFIP map, our determination is shown on the attached Letter of Map Revision based on Fill (LOMR-F) Determination Document. This determination document provides additional information regarding the effective NFIP map, the legal description of the property and our determination.

Additional documents are enclosed which provide information regarding the subject property and LOMR-Fs. Please see the List of Enclosures below to determine which documents are enclosed. Other attachments specific to this request may be included as referenced in the Determination/Comment document. If you have any questions about this letter or any of the enclosures, please contact the FEMA Map Assistance Center toll free at (877) 336-2627 (877-FEMA MAP) or by letter addressed to the Federal Emergency Management Agency, 3601 Eisenhower Avenue, Suite 600, Alexandria, VA 22304-6439.

Sincerely,

Doug Bellomo, P.E., CFM, Chief
Hazard Identification Section, Mitigation Division
Emergency Preparedness and Response Directorate

LIST OF ENCLOSURES:

LOMR-F DETERMINATION DOCUMENT (REMOVAL)

cc: State/Commonwealth NFIP Coordinator
Community Map Repository
Mr. Mark Schemmel



Federal Emergency Management Agency

Washington, D.C. 20472

LETTER OF MAP REVISION BASED ON FILL DETERMINATION DOCUMENT (REMOVAL)

COMMUNITY AND MAP PANEL INFORMATION		LEGAL PROPERTY DESCRIPTION
COMMUNITY	AUGLAIZE COUNTY, OHIO (Unincorporated Areas)	Lot 2, Klosterman Kove, Phase 1, as shown on the Plat recorded in Volume C, Page 155, in the Office of the Recorder, Auglaize County, Ohio
	COMMUNITY NO.: 390761	
AFFECTED MAP PANEL	NUMBER: 39011C0090C	
	NAME: AUGLAIZE COUNTY, OHIO AND INCORPORATED AREAS	
	DATE: 9/6/1989	
FLOODING SOURCE: GRAND LAKE ST. MARYS		APPROXIMATE LATITUDE & LONGITUDE OF PROPERTY: 40.512, -84.441 SOURCE OF LAT & LONG: PRECISION MAPPING STREETS 4.0 DATUM: NAD 83

DETERMINATION

LOT	BLOCK/ SECTION	SUBDIVISION	STREET	OUTCOME WHAT IS REMOVED FROM THE SFHA	FLOOD ZONE	1% ANNUAL CHANCE FLOOD ELEVATION (NGVD 29)	LOWEST ADJACENT GRADE ELEVATION (NGVD 29)	LOWEST LOT ELEVATION (NGVD 29)
2	—	Klosterman Kove, Phase I	00891 Willie's Way	Structure	X (unshaded)	873.0 feet	873.4 feet	—

Special Flood Hazard Area (SFHA) - The SFHA is an area that would be inundated by the flood having a 1-percent chance of being equaled or exceeded in any given year (base flood).

ADDITIONAL CONSIDERATIONS (Please refer to the appropriate section on Attachment 1 for the additional considerations listed below.)

PORCTIONS REMAIN IN THE SFHA

This document provides the Federal Emergency Management Agency's determination regarding a request for a Letter of Map Revision based on Fill for the property described above. Using the information submitted and the effective National Flood Insurance Program (NFIP) map, we have determined that the structure(s) on the property(ies) is/are not located in the SFHA, an area inundated by the flood having a 1-percent chance of being equaled or exceeded in any given year (base flood). This document revises the effective NFIP map to remove the subject property from the SFHA located on the effective NFIP map; therefore, the Federal mandatory flood insurance requirement does not apply. However, the lender has the option to continue the flood insurance requirement to protect its financial risk on the loan. A Preferred Risk Policy (PRP) is available for buildings located outside the SFHA. Information about the PRP and how one can apply is enclosed.

This determination is based on the flood data presently available. The enclosed documents provide additional information regarding this determination. If you have any questions about this document, please contact the FEMA Map Assistance Center toll free at (877) 336-2627 (877-FEMA MAP) or by letter addressed to the Federal Emergency Management Agency, 3601 Eisenhower Avenue, Suite 600, Alexandria, VA 22304-6439.

Doug Bellomo, P.E., CFM, Chief
Hazard Identification Section, Mitigation Division
Emergency Preparedness and Response Directorate Version 1.3.3

10292991.LOMR-F-SL05216A808



Federal Emergency Management Agency
Washington, D.C. 20472

**LETTER OF MAP REVISION BASED ON FILL
DETERMINATION DOCUMENT (REMOVAL)**
ATTACHMENT 1 (ADDITIONAL CONSIDERATIONS)

PORTIONS OF THE PROPERTY REMAIN IN THE SFHA (This Additional Consideration applies to the preceding 1 Property.)

Portions of this property, but not the subject of the Determination/Comment document, may remain in the Special Flood Hazard Area. Therefore, any future construction or substantial improvement on the property remains subject to Federal, State/Commonwealth, and local regulations for floodplain management.

This attachment provides additional information regarding this request. If you have any questions about this attachment, please contact the FEMA Map Assistance Center toll free at (877) 336-2627 (877-FEMA MAP) or by letter addressed to the Federal Emergency Management Agency, 3601 Eisenhower Avenue, Suite 600, Alexandria, VA 22304-6439.

A handwritten signature in black ink, appearing to read "Doug Bellomo".

Doug Bellomo, P.E., CFM, Chief
Hazard Identification Section, Mitigation Division
Emergency Preparedness and Response Directorate Version 1.3.3

10292991.LOMR-F-SL05216A808

FEDERAL EMERGENCY MANAGEMENT AGENCY
COMMUNITY ACKNOWLEDGMENT FORM

O.M.B. NO. 3067-0147
Expires September 30, 2005

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 0.88 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington DC 20472, Paperwork Reduction Project (3067-0147). Submission of the form is required to obtain or retain benefits under the National Flood Insurance Program. Please do not send your completed survey to the above address.

This form must be completed for requests involving the existing or proposed placement of fill (complete Section A) OR to provide acknowledgment of this request to remove a property from the SFHA which was previously located within the regulatory floodway (complete Section B).

This form must be completed and signed by the official responsible for floodplain management in the community. The community number and the subject property address must appear in the spaces provided below.

Community Number:

Property Name or Address:

A. REQUESTS INVOLVING THE PLACEMENT OF FILL

As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this Letter of Map Revision Based on Fill (LOMR-F) or Conditional LOMR-F request. Based upon the community's review, we find the completed or proposed project meets or is designed to meet all of the community floodplain management requirements, including the requirement that no fill be placed in the regulatory floodway, and that all necessary Federal, State, and local permits have been, or in the case of a Conditional LOMR-F, will be obtained. In addition, we have determined that the land and any existing or proposed structures to be removed from the SFHA are or will be reasonably safe from flooding as defined in 44CFR 65.2(c), and that we have available upon request by FEMA, all analyses and documentation used to make this determination. For LOMR-F requests, we understand that this request is being forwarded to FEMA for a possible map revision.

Community Comments:

As per attachment, the lowest adjacent grade for the residence at 00891 Willies Way, St. Marys, Ohio is 873.4, which makes this home in section X and out of the flood plain.

Community Official's Name and Title: (Please Print or Type)

Douglas Reinhart, P.E., P.S. Auglaize County Flood Plain Coord.

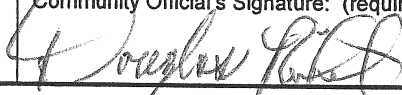
Telephone No.:

419-739-6520

Community Name:

Auglaize County

Community Official's Signature: (required)



Date:

December 7, 2004

B. PROPERTY LOCATED WITHIN THE REGULATORY FLOODWAY

As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this request for a LOMA. We understand that this request is being forwarded to FEMA to determine if this property has been inadvertently included in the regulatory floodway. We acknowledge that no fill on this property has been or will be placed within the designated regulatory floodway. We find that the completed or proposed project meets or is designed to meet all of the community floodplain management requirements.

Community Comments:

Community Official's Name and Title: (Please Print or Type)

Telephone No.:

Community Name:

Community Official's Signature (required):

Date:



Federal Emergency Management Agency

Washington, D.C. 20472

December 2, 2004

Mr. Mark Schemmel
9090 S.R. 119
Anna, OH 45302

IN REPLY REFER TO:
CASE NO: 04-05-A808A
COMMUNITY: AUGLAIZE COUNTY, OHIO
(UNINCORPORATED AREAS)
COMMUNITY NO: 390761

216-AD

RE: KLOSTERMAN KOVE SUBDIV, LOT 2 -- 00891 WILLIE'S WAY

Dear Mr. Schemmel:

This is in response to your request for a Letter of Map Revision based on Fill for the property referenced above.

The Federal Emergency Management Agency (FEMA) uses detailed application/certification forms for revision requests or amendments to the National Flood Insurance Program (NFIP) maps. The forms provide step-by-step instructions for requestors to follow, and are comprehensive, ensuring that the requestors' submissions are complete and more logically structured. Therefore, we can complete our review more quickly and at lower cost to the NFIP. While completing the forms may seem burdensome, the advantages to requestors outweigh any inconvenience.

The following forms or supporting data, which were omitted from your previous submittal, must be provided:

- FEMA has recently updated its Community Acknowledgement Form. The new form states that the community believes that the subject area is reasonably safe from flooding. Because fill has been placed in the Special Flood Hazard Area, we must have this new form signed by the community in order to continue processing your request. Please have the Floodplain Administrator of Auglaize County review and sign Section A of this form. (copy enclosed)

Please note that if all of the required items are not submitted within 90 days of the date of this letter, any subsequent request will be treated as an original submittal and will be subject to all submittal procedures.

When you write to us concerning your request, please include the case number referenced above in your letter. All required items and questions concerning your request are to be directed to the following address:

FEMA LOMA Depot
3601 Eisenhower Avenue
Suite 600
Alexandria, VA 22304-6439

If you have any questions concerning FEMA policy, or the NFIP in general, please contact the FEMA Map Assistance Center toll free at (877) 336-2627 (877-FEMA MAP) or by letter addressed to the Federal Emergency Management Agency, 3601 Eisenhower Avenue, Suite 600, Alexandria, VA 22304-6439.

Sincerely,

A handwritten signature in black ink, appearing to read 'Doug Bellomo', written over a horizontal line.

Doug Bellomo, P.E., CFM, Chief
Hazard Identification Section, Mitigation Division
Emergency Preparedness and Response Directorate

FEDERAL EMERGENCY MANAGEMENT AGENCY
COMMUNITY ACKNOWLEDGMENT FORMO.M.B. NO. 3067-0147
Expires September 30, 2005

PAPERWORK BURDEN DISCLOSURE NOTICE

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This form must be completed for requests involving the existing or proposed placement of fill (complete Section A) OR to provide acknowledgment of this request to remove a property from the SFHA which was previously located within the regulatory floodway (complete Section B).

This form must be completed and signed by the official responsible for floodplain management in the community. The community number and the subject property address must appear in the spaces provided below.

Community Number: 390761

Property Name or Address: 00891 Willies Way, St. Marys, Ohio 45885

A. REQUESTS INVOLVING THE PLACEMENT OF FILL

As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this Letter of Map Revision Based on Fill (LOMR-F) or Conditional LOMR-F request. Based upon the community's review, we find the completed or proposed project meets or is designed to meet all of the community floodplain management requirements, including the requirement that no fill be placed in the regulatory floodway, and that all necessary Federal, State, and local permits have been, or in the case of a Conditional LOMR-F, will be obtained. In addition, we have determined that the land and any existing or proposed structures to be removed from the SFHA are or will be reasonably safe from flooding as defined in 44CFR 65.2(c), and that we have available upon request by FEMA, all analyses and documentation used to make this determination. For LOMR-F requests, we understand that this request is being forwarded to FEMA for a possible map revision.

Community Comments:

As per attachment, the lowest adjacent grade for the residence at 00891 Willies Way, St. Marys, Ohio is 873.4, which makes this home in section X and out of the flood plain.

Community Official's Name and Title: (Please Print or Type)

Telephone No.:

Douglas Reinhart, P.E., P.S., Auglaize County Flood Plain Coord.


419-739-6520

Community Name:

Community Official's Signature: (required)

Date:

Auglaize County



December 7, 2004

B. PROPERTY LOCATED WITHIN THE REGULATORY FLOODWAY

As the community official responsible for floodplain management, I hereby acknowledge that we have received and reviewed this request for a LOMA. We understand that this request is being forwarded to FEMA to determine if this property has been inadvertently included in the regulatory floodway. We acknowledge that no fill on this property has been or will be placed within the designated regulatory floodway. We find that the completed or proposed project meets or is designed to meet all of the community floodplain management requirements.

Community Comments: As per attachment, the lowest adjacent grade for the residence at 00891 Willie's Way, St. Marys, Ohio is 873.4, which makes this home in Section X and out of the floodplain.

Community Official's Name and Title: (Please Print or Type)

Telephone No.:

Douglas Reinhart, P.E., P.S., Auglaize County Flood Plain Coordinator

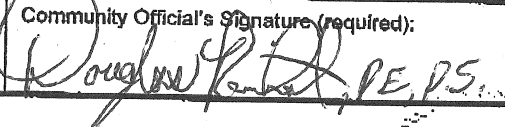
419-739-6520

Community Name:

Community Official's Signature: (required):

Date:

Auglaize County, Ohio



01/03/05

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

BUILDING OWNER'S NAME <u>MARK SCHEMMELE</u>		For Insurance Company Use:	
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>00891 WILLIE'S WAY</u>		Policy Number	
CITY <u>ST. MARYS</u>	STATE <u>OH</u>	ZIP CODE <u>45885</u>	
PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <u>LOT 2, KLOSTERMAN KOVE</u>			
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.) <u>RESIDENTIAL</u>			
LATITUDE/LONGITUDE (OPTIONAL) (##°-##'-##" or ##.####°)		HORIZONTAL DATUM: <input type="checkbox"/> NAD 1927 <input checked="" type="checkbox"/> NAD 1983	
		SOURCE: <input type="checkbox"/> GPS (Type): <input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Other	

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER <u>AUGLAIZE COUNTY 390761</u>		B2. COUNTY NAME <u>AUGLAIZE</u>		B3. STATE <u>OH</u>	
B4. MAP AND PANEL NUMBER <u>39011C0090</u>	B5. SUFFIX <u>C</u>	B6. FIRM INDEX DATE <u>9-6-89</u>	B7. FIRM PANEL EFFECTIVE/REVISED DATE <u>N/A</u>	B8. FLOOD ZONE(S) <u>AE</u>	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding) <u>873</u>

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe):

B11. Indicate the elevation datum used for the BFE in B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe):

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☐ No
Designation Date:

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

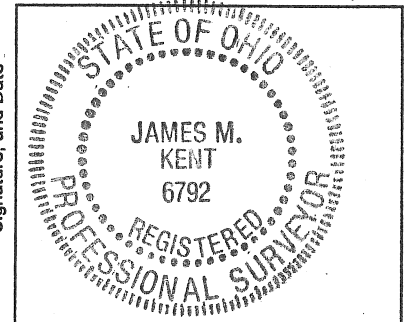
C2. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete Items C3.a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum 1929 Conversion/Comments

Elevation reference mark used SAN. MANHOLE Does the elevation reference mark used appear on the FIRM? ☐ Yes ☒ No

<input type="checkbox"/> a) Top of bottom floor (including basement or enclosure)	<u>872</u> . <u>1</u> ft.(m)
<input type="checkbox"/> b) Top of next higher floor	<u>876</u> . <u>4</u> ft.(m)
<input type="checkbox"/> c) Bottom of lowest horizontal structural member (V zones only)	<u>874</u> . <u>6</u> ft.(m)
<input type="checkbox"/> d) Attached garage (top of slab)	<u>872</u> . <u>1</u> ft.(m)
<input type="checkbox"/> e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area.)	<u>873</u> . <u>4</u> ft.(m)
<input type="checkbox"/> f) Lowest adjacent (finished) grade (LAG)	<u>874</u> . <u>4</u> ft.(m)
<input type="checkbox"/> g) Highest adjacent (finished) grade (HAG)	<u>0</u>
<input type="checkbox"/> h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade	<u>0</u>
<input type="checkbox"/> i) Total area of all permanent openings (flood vents) in C3.h	<u>N/A</u> sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date



SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME JAMES M. KENT LICENSE NUMBER 6792

TITLE President COMPANY NAME KENT SURVEYING, INC.

ADDRESS 1750 BELLEFONTAINE ST. CITY WAPAKONETA STATE OH ZIP CODE 45895

SIGNATURE [Signature] DATE 3-25-04 TELEPHONE 419-738-5677

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. <u>00891 WILLIE'S WAY</u>			Policy Number
CITY <u>ST. MARYS</u>	STATE <u>OH</u>	ZIP CODE <u>45885</u>	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS
C3 a - Crawl space
C3 e - Water - air tank

☐ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1. through E5. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

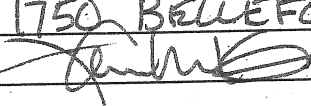
- E1. Building Diagram Number ____ (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)
- E2. The top of the bottom floor (including basement or enclosure) of the building is ____ ft. (m) ____ in. (cm) ____ above or ____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is ____ ft. (m) ____ in. (cm) above the highest adjacent grade. Complete Items C3.h and C3.i on front of form.
- E4. The top of the platform of machinery and/or equipment servicing the building is ____ ft. (m) ____ in. (cm) ____ above or ____ below (check one) the highest adjacent grade. (Use natural grade, if available.)
- E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? ☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME JAMES M. KENT

ADDRESS 1750 BELLEFONTAINE ST. CITY WAPAKONETA STATE OH ZIP CODE 45885

SIGNATURE  DATE 3-25-04 TELEPHONE 419-738-5677

COMMENTS

☒ Check here if attachment

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

- G1. ☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)
- G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.
- G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement


G8. Elevation of as-built lowest floor (including basement) of the building is: _____ ft. (m) Datum: _____

G9. BFE or (in Zone AO) depth of flooding at the building site is: _____ ft. (m) Datum: _____

DOUGLAS REINHART

LOCAL OFFICIAL'S NAME ANGELAIZE COUNTY HIGHWAY DEPARTMENT TITLE COUNTY ENGINEER

COMMUNITY NAME TELEPHONE 419-739-6520

SIGNATURE  DATE 8/24/03

COMMENTS

☐ Check here if attachment

Replaces all previous editions