AND THE RESIDENCE OF THE PROPERTY OF THE PROPE				
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REDRAWN FROM A	SURVEY	By Claye	6	
The state of the s	JUNIO	DT CLATTO	JAMMITC NO	
			#	
			17 /2 0	
Signature by a representative of the	County Health Dept		representative of the Auglaize (County Regional
denotes compliance with Health Regulat Signed:	ions Date	Planning Comm	ission denotes approval of this	plat.
ACTION OF THE RESIDENCE AND ADDRESS OF THE PARTY OF THE P				
Signature by a representative of City v diction or Twp, Trustees or Village wi	th zoning jurisdiction	n Basignature by a	representative of the County E s plat meets tax map plat requir	ingineer's Dept.
denotes approval of this plat. Signed: for political S. D. of:	Date	Signed:	I	Date
	Client (GUY BURWE	- L-L	
	County : Drawn b	AUGLAIZE by JAS	Twp. MoultoN Sec. Scale 1"= 200' Drwg. N	0.72-5743
300		byof	Date 10-30-7	