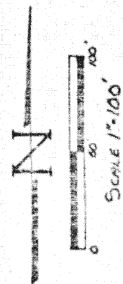
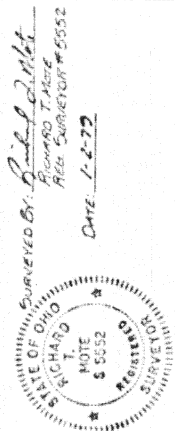
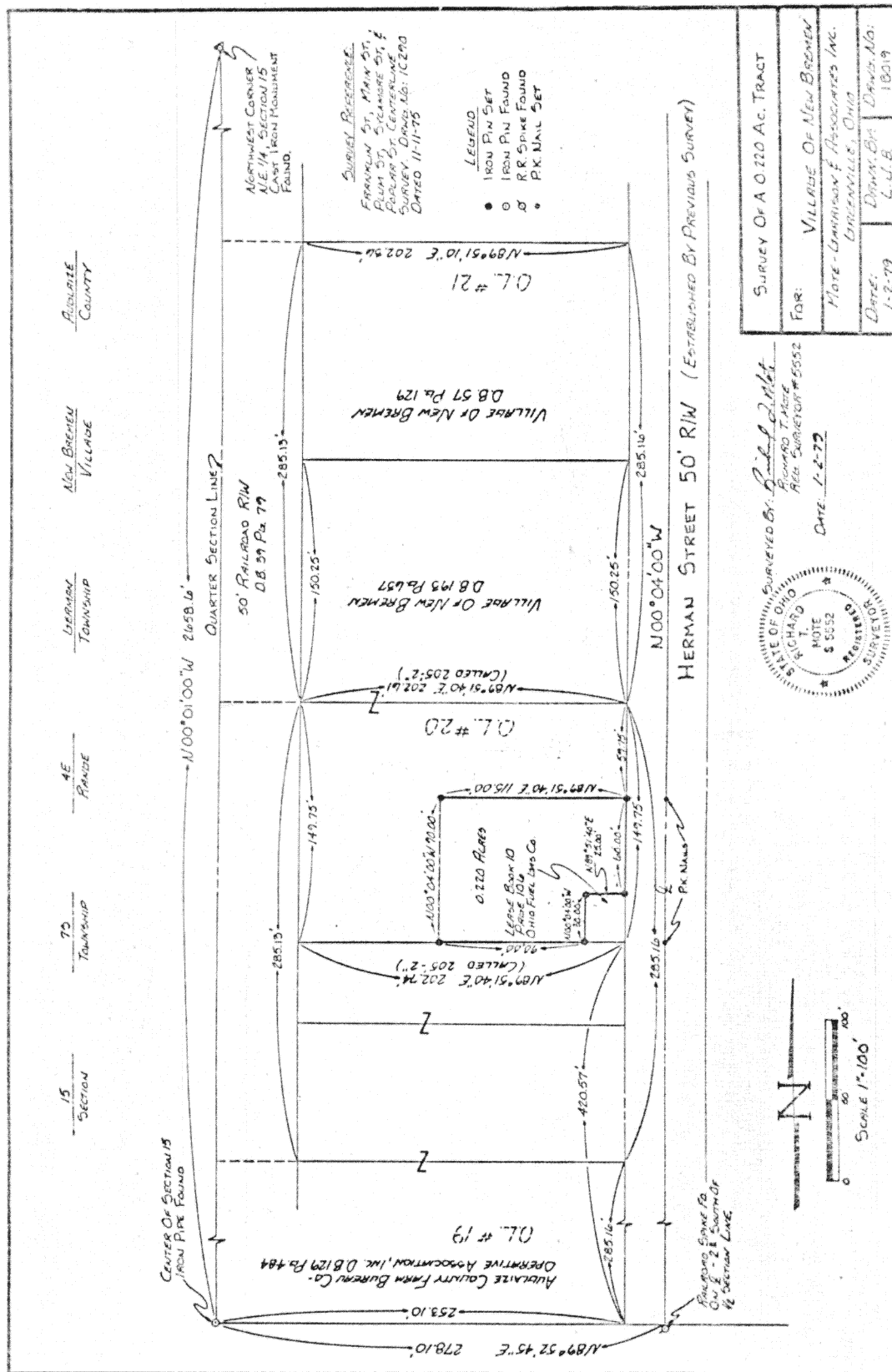


Scale:



Signature by a representative of the County Health Dept. denotes compliance with Health Regulations.
Signed: _____ Date _____

Signature by a representative of the Auglaize County Regional Planning Commission denotes approval of this plat.
Signed: _____ Date _____

Signature by a representative of City with 3 mile limit jurisdiction or Twp. Trustees or Village with zoning jurisdiction denotes approval of this plat. Signed: _____ Date _____
for political S. D. of: _____

Signature by a representative of the County Engineer's Dept. denotes that this plat meets tax map plat requirements.
Signed: _____ Date _____

Client Village of New Bremen
County Auglaize Twp. German Sec. 15
Drawn by LSB Scale 1"=100' Drwg. No. 18619
Checked by _____ Date 1-2-72
Sheet _____ of 351 (T S R E)

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