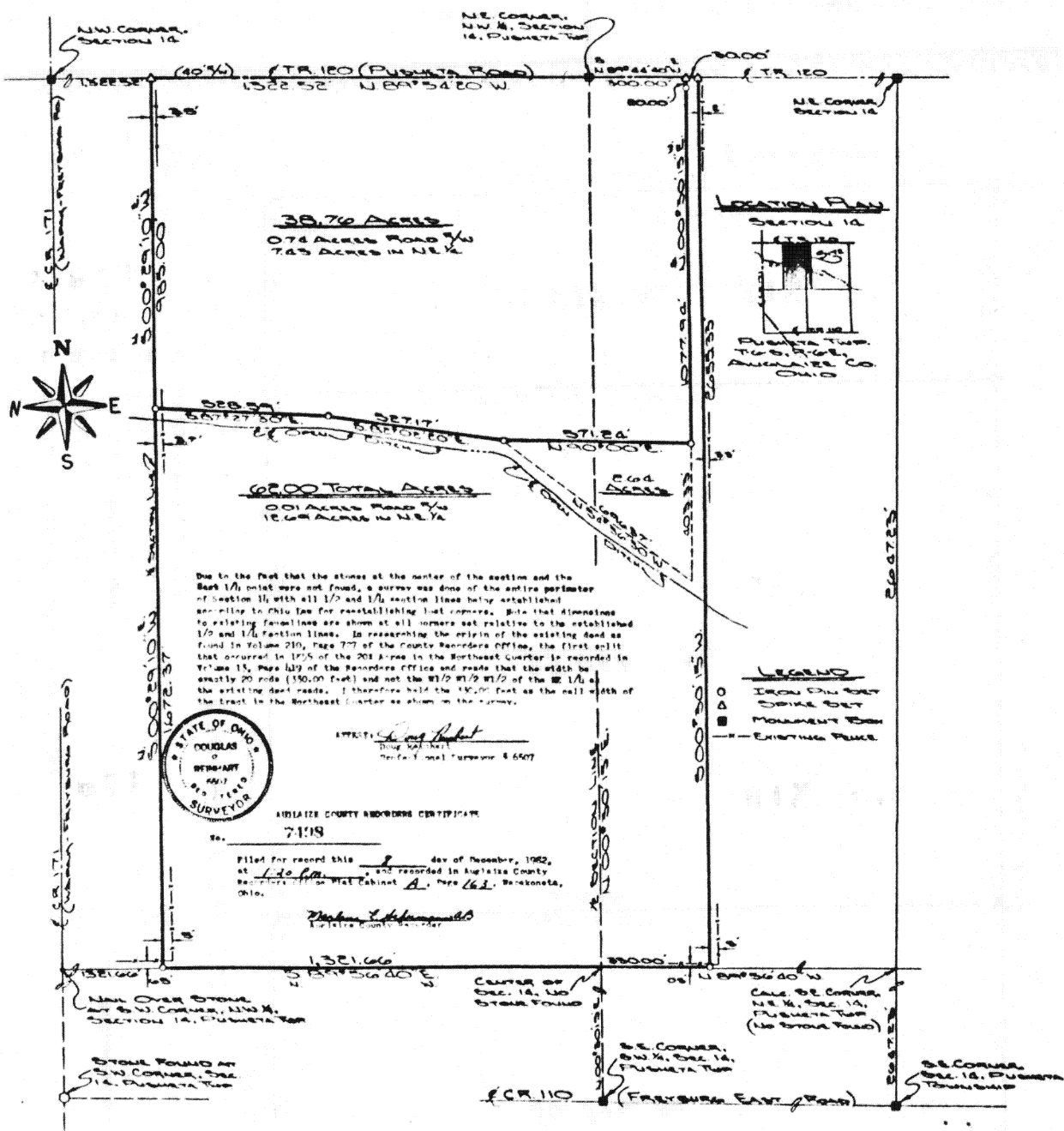


Scale: _____



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 juris-
diction 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 Barley
County Auglaize Twp. PUSHETA Sec. 14
Drawn by _____ Scale Reduced Drwg. No. _____
Checked by _____ Date _____
Sheet _____ of _____ (T 6 S; R 6 E)

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