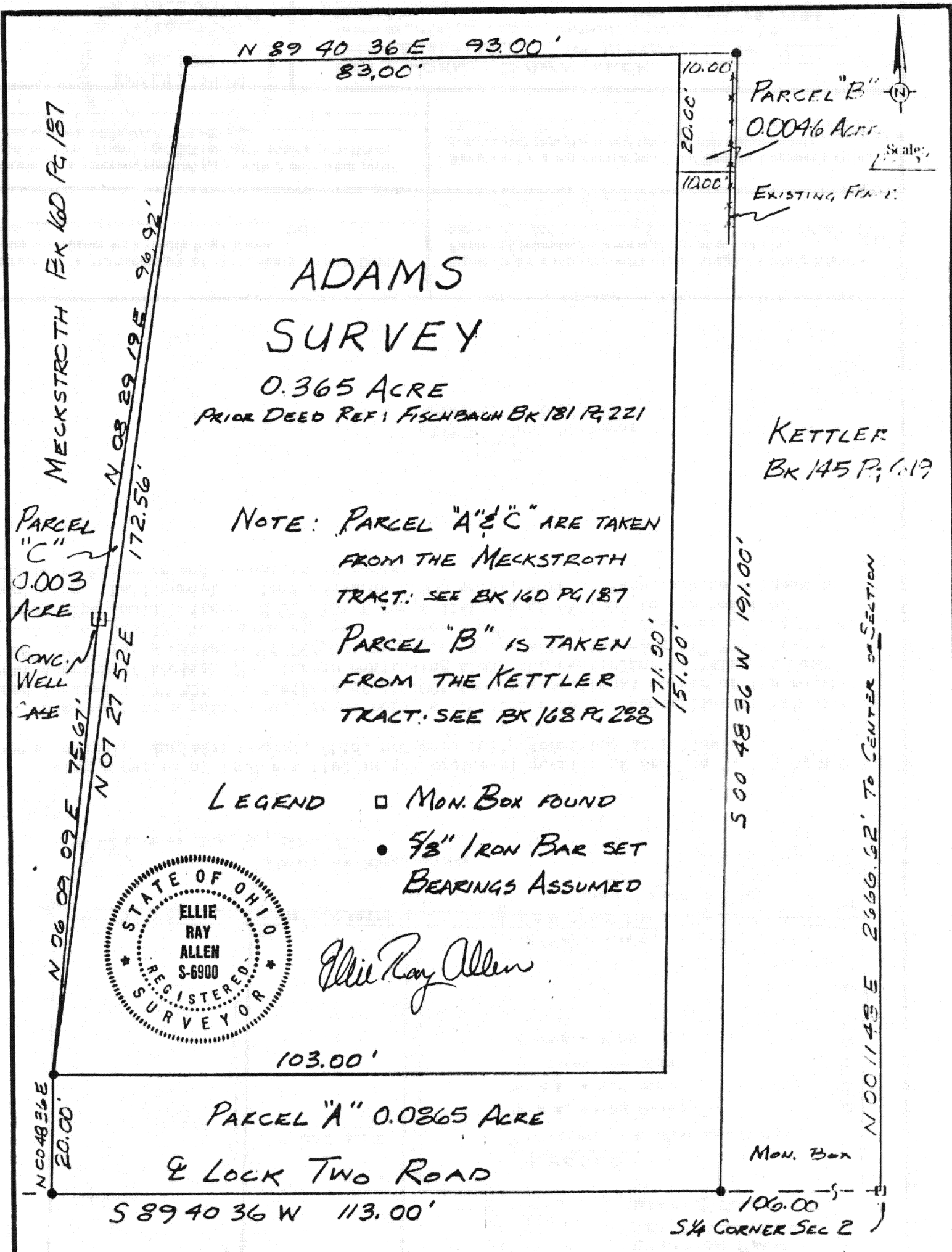




Signature by a representative of the County Health Dept. denotes compliance with Health Regulations.
Signed: _____ Date: _____

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: _____
for political S. D. of: _____ Date: _____

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

ALLEN AND ASSOCIATES
PO Box 124
NEW BREMEN, OHIO

Client RON ADAMS
County AUGLAIZE Twp. GLEMAN Sec. 2
Drawn by ER ALLEN Scale 1"=20' Drwg. No. _____
Checked by _____ Date JAN 1984
Sheet _____ of _____ G-258 (T 1 S 4 R 4 P)