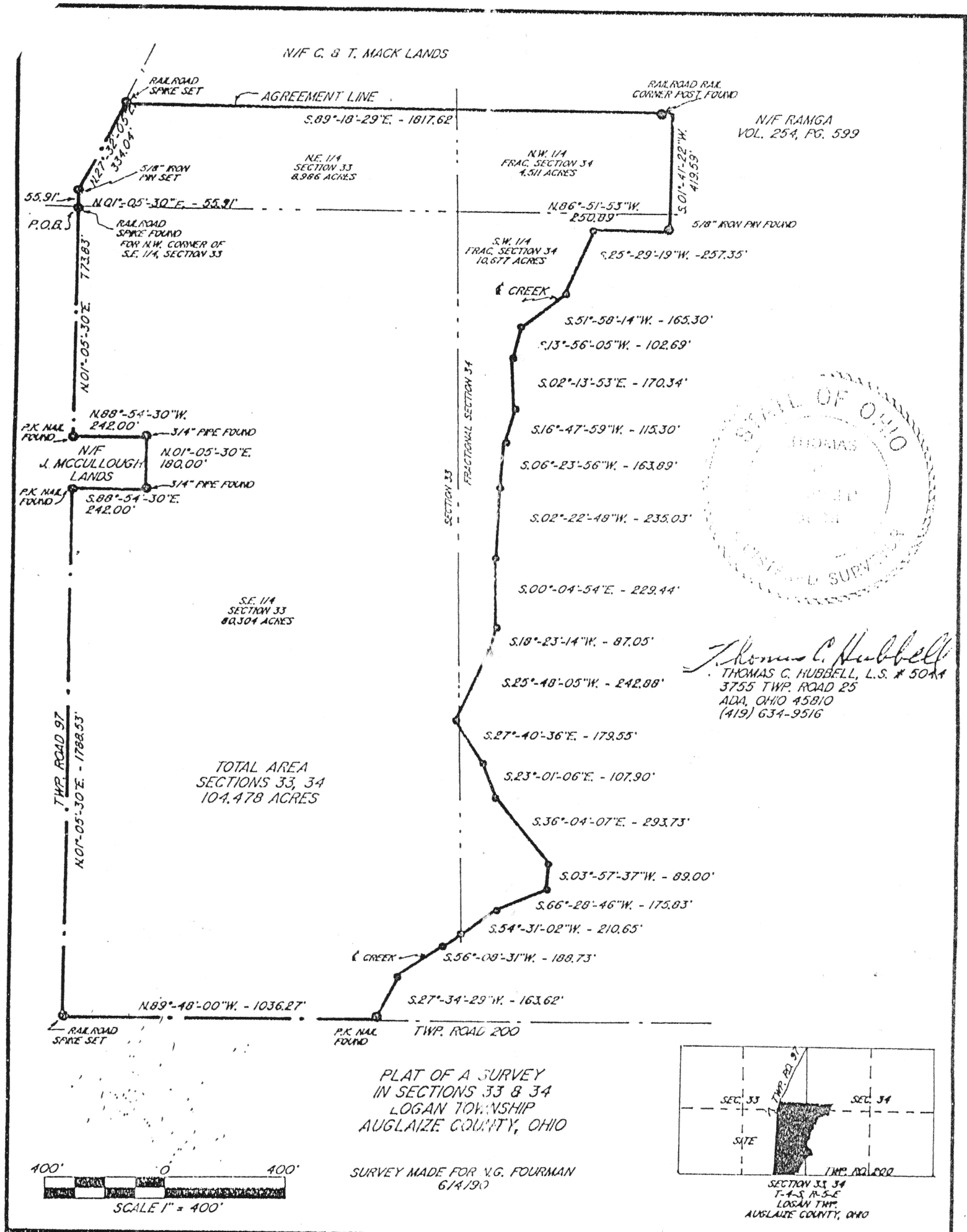




Signature by a representative of the County Health Dept. denotes compliance with Health Regulations. Signed: _____ Date: _____		Signature by a representative of the Auglaize County Regional Planning Commission denotes approval of this plat. Signed: _____ Date: _____	
Signature by a representative of City with 3 mile limit jurisdiction or Twp. Trustees or Village with zoning jurisdiction denotes approval of this plat. Signed: _____ Date: _____		Signature by a representative of the County Engineer's Dept. denotes that this plat meets tax map plat requirements. Signed: _____ Date: _____	
THOMAS C. HUBBELL, L.S. # 5044 3755 TWP. ROAD 25 ADA, OHIO 45810 (419) 634-9516		Client: <u>MR. MICK FOURMAN</u> County: <u>AUGLAIZE</u> Twp.: <u>LOGAN</u> Sec.: <u>33 34</u> Drawn by: <u>JCH</u> Scale: <u>1"=400'</u> Drwg. No.: <u>14-776</u> Checked by: <u>TH</u> Date: <u>6/4/90</u> Sheet: <u>1</u> of <u>2</u> J-440 (T <u>4</u> S <u>1</u> R <u>5</u> E)	