



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: _____	
		Client <u>Maurice & Viola Bornhorst</u> County <u>Auglaize</u> Twp. <u>Jackson</u> Sec. <u>6</u> Drawn by <u>WF</u> Scale <u>1"=100'</u> Drwg. No. _____ Checked by <u>WF</u> Date <u>23 Nov. 1992</u> Sheet <u>1</u> of <u>1</u> (T 8 S; R 4 E)	