



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 _____
MOTE & ASSOCIATES 214 WEST FOURTH ST. GREENVILLE, OHIO 45331	Client <u>BERNARD & MARILYN SCHROER</u> County <u>AUGLAIZE</u> Twp. <u>GERMAN</u> Sec. <u>15</u> Drawn by <u>AJB</u> Scale <u>1"=80'</u> Drwg. No. <u>13624</u> Checked by <u>DLH</u> Date <u>11-18-88</u> Sheet <u>1</u> of <u>1</u> (T <u> </u> S <u> </u> R <u> </u> E)