

Subdivision Name

Combination of lots 0000 and 0000

PART OF FARM LOT 8, SECTION 4, TOWNSHIP 3, RANGE 17
 GENOA TOWNSHIP, DELAWARE COUNTY, OHIO
 ALL OF AN ORIGINAL 1.021 ACRE PARCEL, DEED BOOK 1611, PAGE 664

Situated in the State of Ohio, County of Delaware, Township of _____ and being part of Farm Lot 8, Section 4, Township 3, Range 17. Being a subdivision of 1.021 acre original parcel conveyed to in Official Record 1611, Page 664 in the Delaware County Recorder's Office.

We, the undersigned, being all the owners and lien holders of the land platted herein, certify that the attached plat correctly represents our SUBDIVISION NAME, a Combination of Lots 0000 and 0000, do hereby accept this plat of same.

UPDATE AS APPROPRIATE

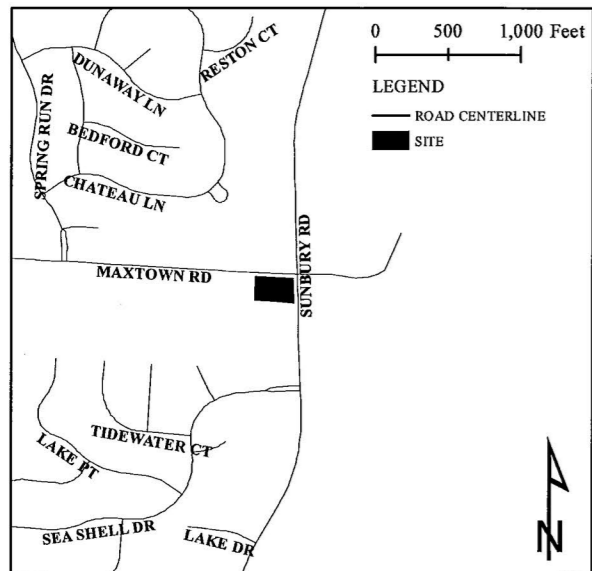
IN WITNESS THEREOF We hereunto set our hands this ____ day of _____, 2019.

 Authorized Agent

STATE OF OHIO
 Before me, a Notary Public, personally came the above named _____ authorized agent for _____ who acknowledge the signing of the foregoing instrument to be their voluntary act and deed for the uses and purposes as expressed.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my seal this ____ day of _____, 20

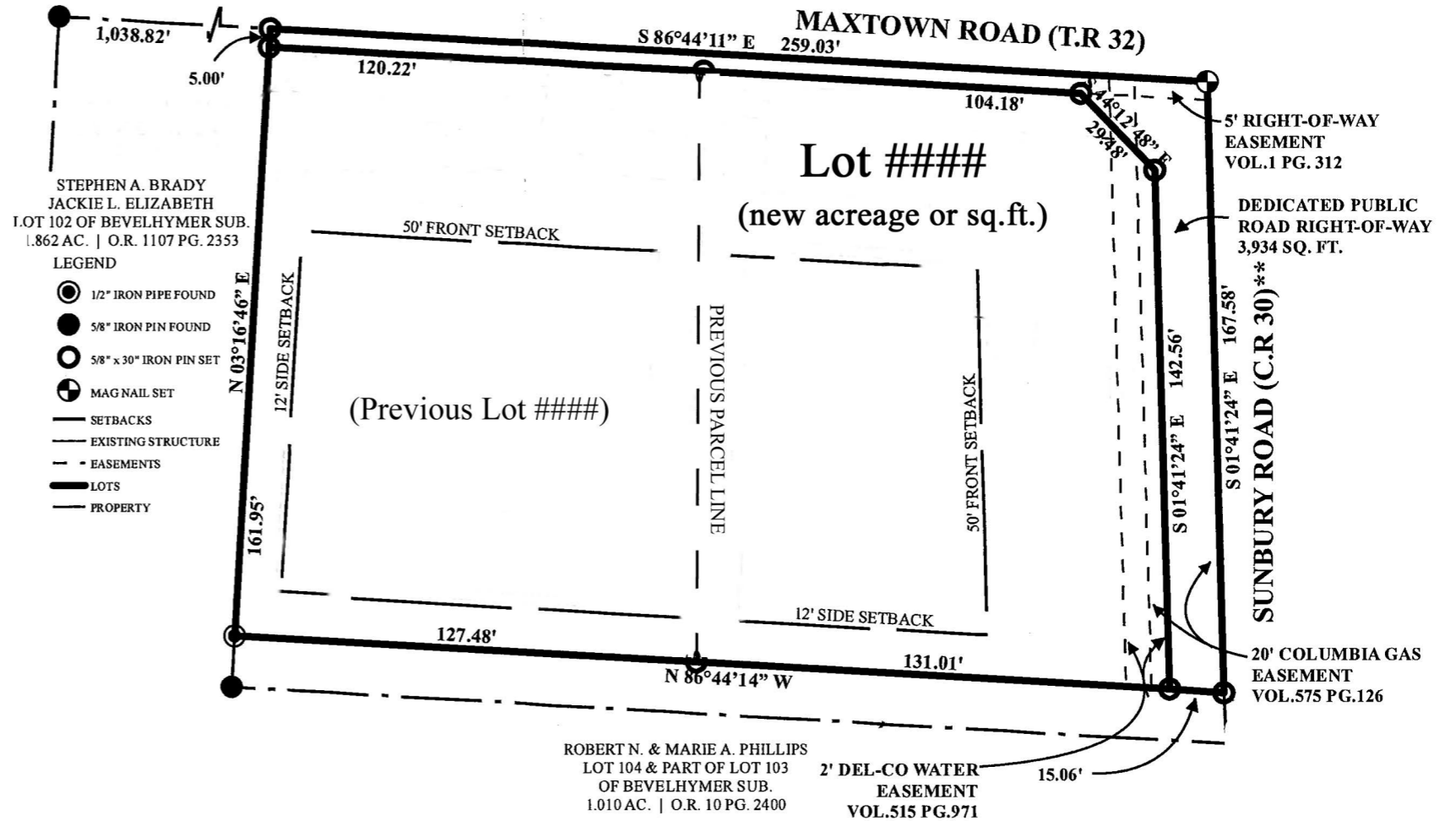
_____. My Commission expires _____.
 NOTARY PUBLIC



VICINITY MAP

SURVEYED AND PLATTED BY:
 (NAME AND ADDRESS OF SURVEYOR)

Current Zoning Classification: _____
 Zoning setbacks reflect current zoning standards at the time of the zoning inspector's signature of the final plat and are not subdivision plat restrictions.



This exhibit constitutes a revision to the existing plat only for the purposes of combining lots as shown hereon. All easements of record and plat notes shall continue to apply to the lot after combination unless other amended.

APPROVED THIS ____ DAY OF _____, 20

TOWNSHIP ZONING INSPECTOR

APPROVED THIS ____ DAY OF _____, 20

(only if applicable)
 DELAWARE GENERAL HEALTH DISTRICT

APPROVED THIS ____ DAY OF _____, 20

DELAWARE COUNTY SANITARY ENGINEER

APPROVED THIS ____ DAY OF _____, 20

DELAWARE COUNTY ENGINEER

APPROVED THIS ____ DAY OF _____, 20

DELAWARE CO. REGIONAL PLANNING DIRECTOR

TRANSFERRED THIS ____ DAY OF _____, 20

DELAWARE COUNTY AUDITOR

DELAWARE COUNTY RECORDER