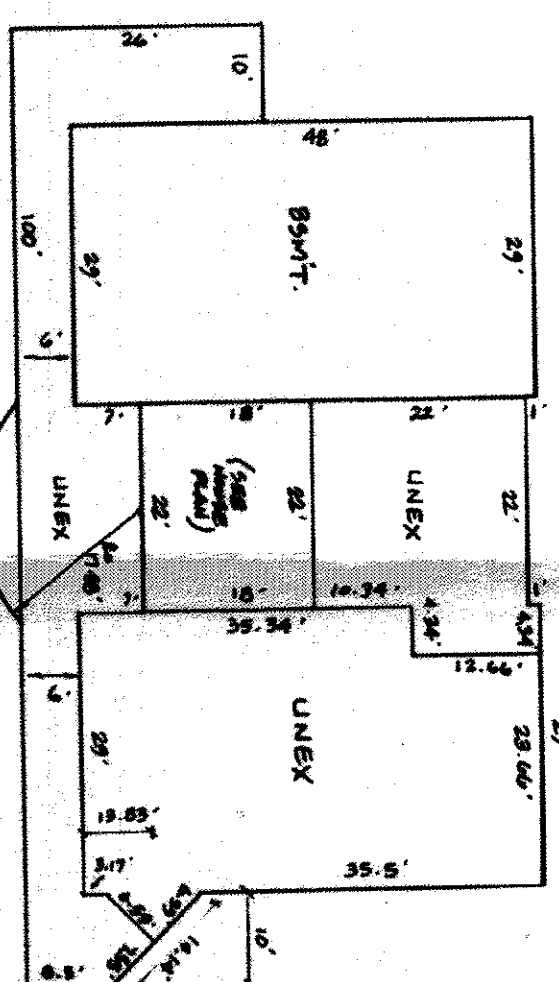
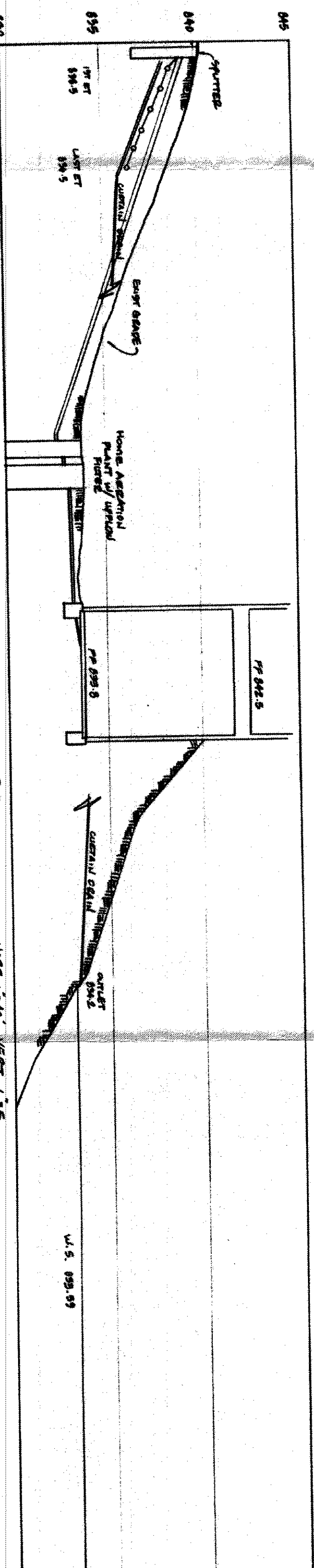
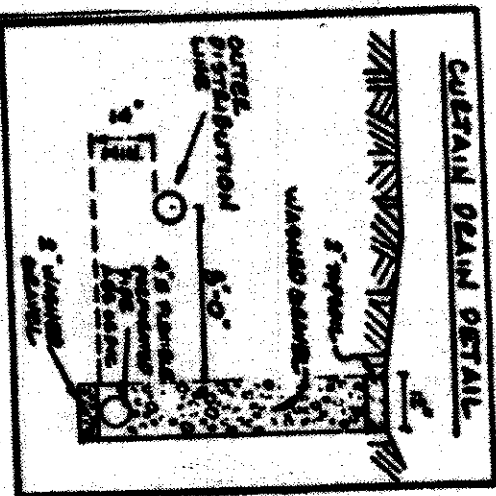
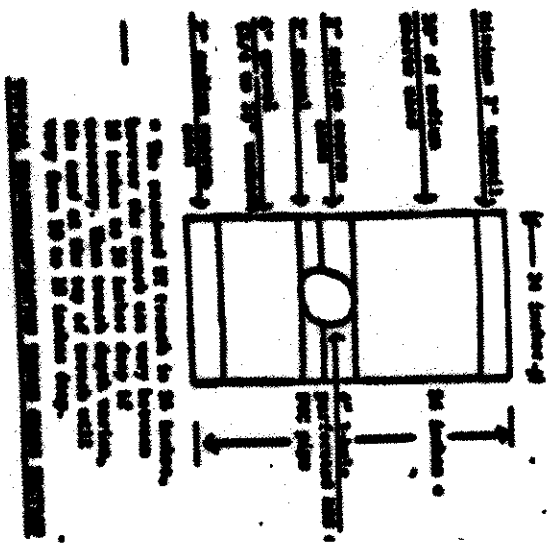




Reviewed and Accepted

DATE COUNTY GENERAL HEALTH DISTRICT

Date 9-15-93

JOEL LUCIA, R.S., M.P.H.
Health Commissioner

Shirley B. Florio

**LOW YIELD WATER
FIXTURES REQUIRED
ON ALL:
Shower Head
Toilet**

1. The undersigned hereby certify that this topography, indicated by 6", 1" or 2" contours, and elevations shown hereon, represent an actual field survey made by me on the 16th day of July, 1963, and that the elevations were taken at appropriate intervals and that as of the date they existed as indicated hereon.

Henry J. Jones

#6343
Page No.

Grading Plan Approved
as shown and/or noted
THOMAS P. GILLES, P.E.
Lake County Engineer
6/14 Date 9-16-99

ISSUED 9-20-93 ZONING PERMIT

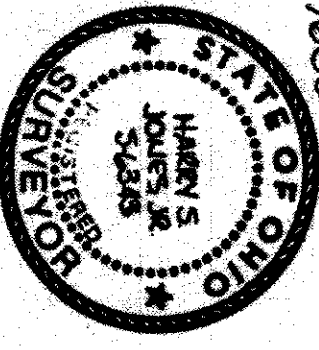
SUBJECT TO APPROVAL BY:

Lake County Sanitary Eng. ☐

Lake County Eng. Dept. ☒

Lake County Planning Comm. ☐

Lake County Bldg. Dept. ☒



JOB NO 89-034-04
SHEET 1 OF 1