

DESIGN CERTIFICATION
THIS PLAN WAS PREPARED BY ME
AND IS CORRECT TO THE BEST OF
MY KNOWLEDGE AND BELIEF.

AS BUILT CERTIFICATION
I HEREBY CERTIFY THAT THE CIRCLED ELEVATIONS
ARE EXISTING FINISH GRADES CHECKED IN THE
FIELD ON _____ AND THAT
THE SURVEY IS CORRECT TO THE BEST OF MY
KNOWLEDGE AND BELIEF.

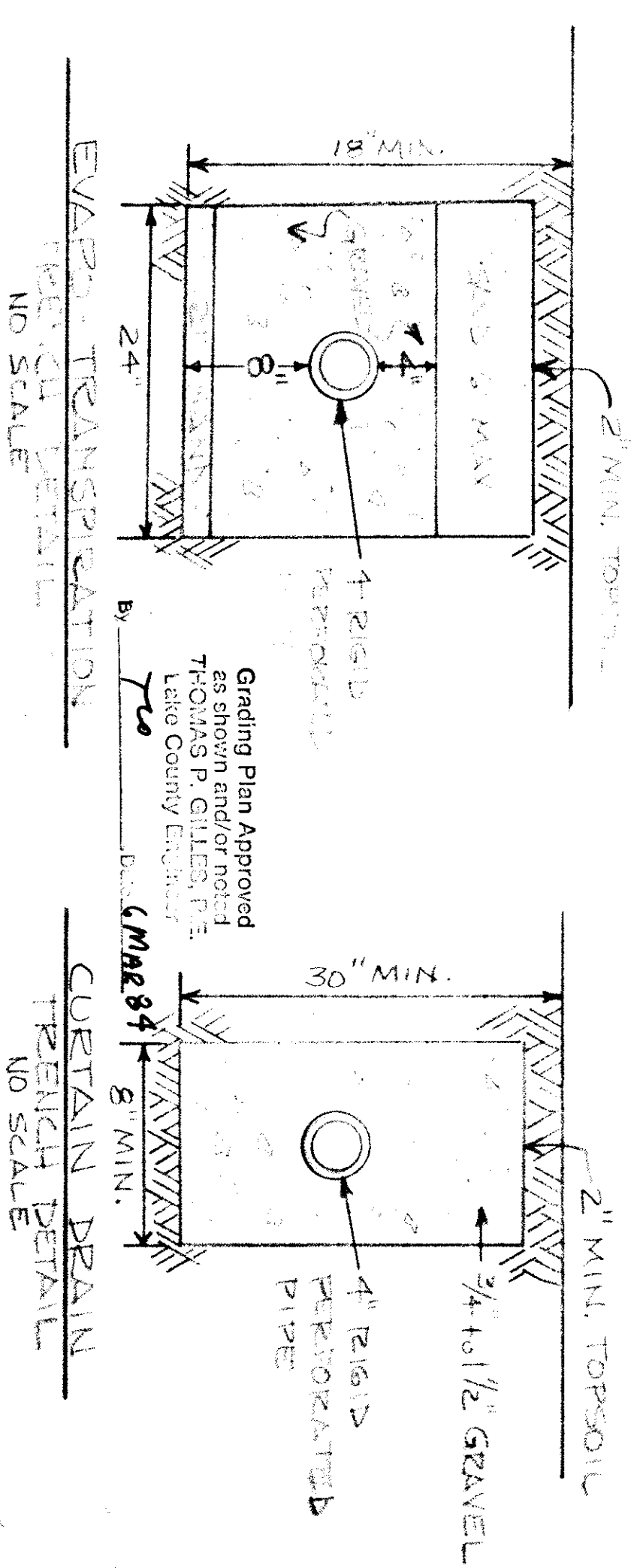
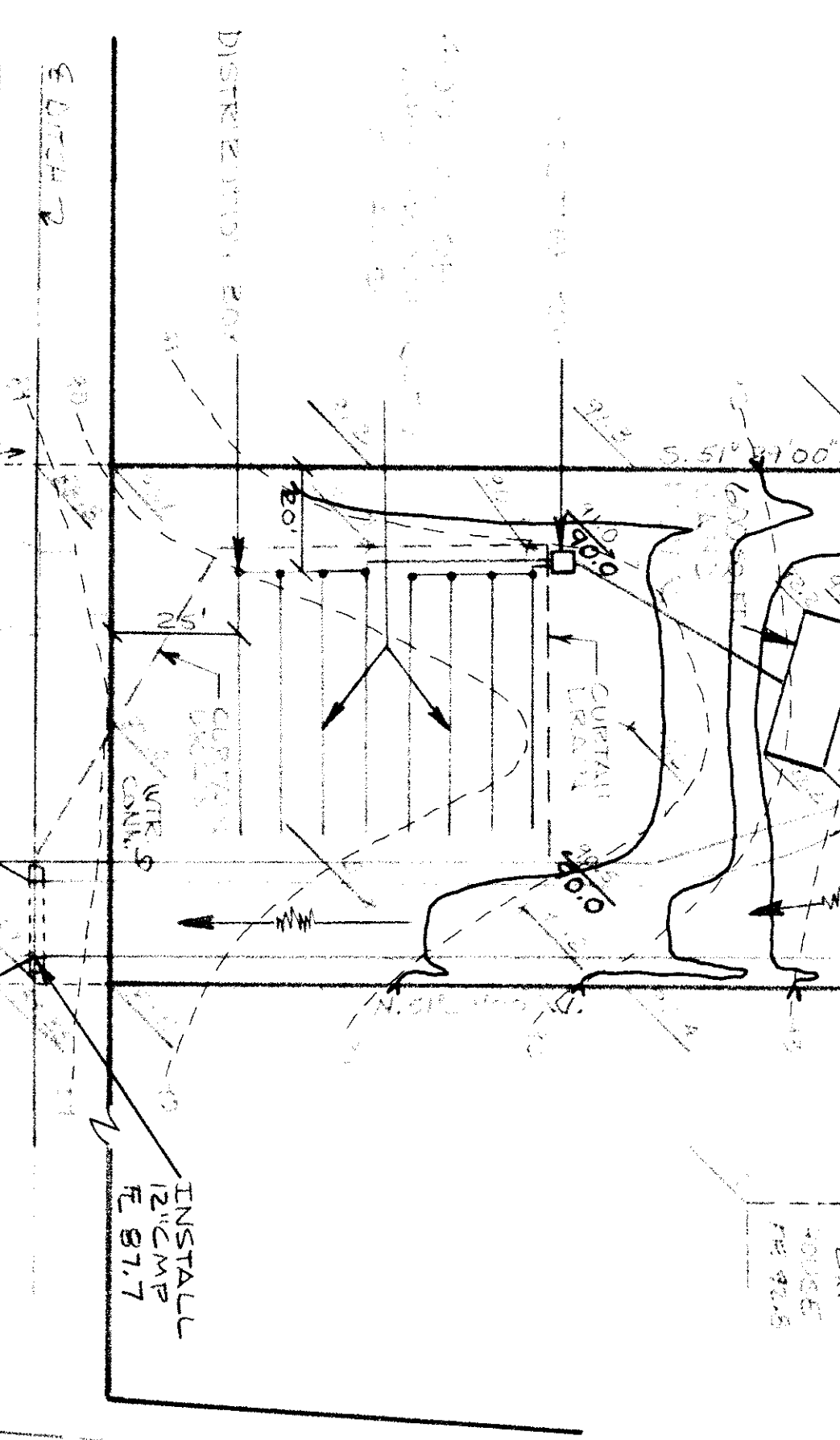
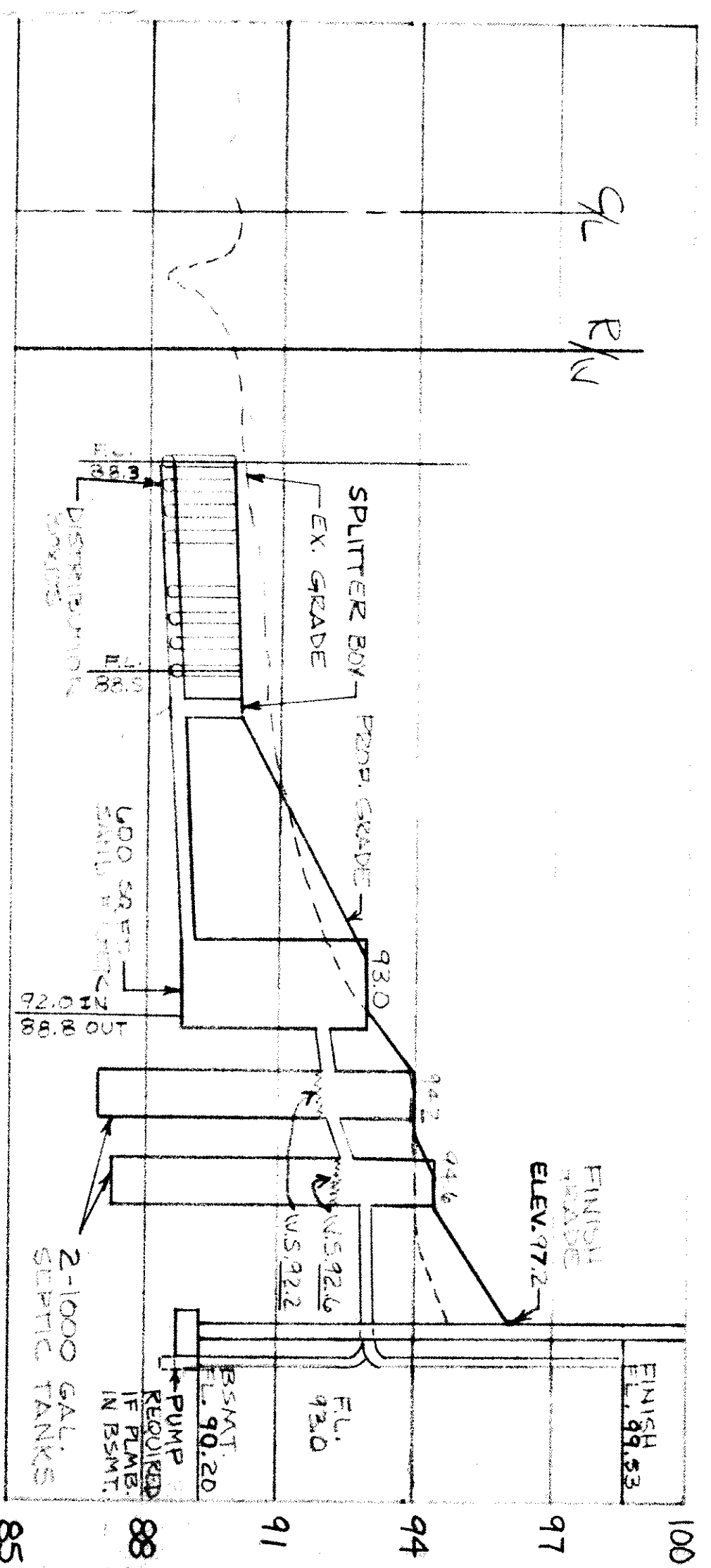
REG. SUPERVISOR NO. 5244

REG. SUPERVISOR NO. _____

ZONING PERMIT #4797
ISSUED 2-21-84

SUBJECT TO APPROVAL BY:
Lake County Sanitary Eng. ☐
Lake County Eng. Dept. ☒
Lake County Planning Comm. ☐
Lake County Bldg. Dept. ☐
Terry J. Williams

Reviewed and Accepted
LAKE COUNTY GENERAL HEALTH DISTRICT
Date _____
JUEL LUDWIG, R.S.M., P.E.
Health Commissioner
BY _____



Rev 4/1/84
RCS
Raised 100'

DATE 1-19-84
SCALE 1" = 30'
DRAWN BY RLS
CHKD BY PG.

COLPETZER & WOODS
CONSULTANTS, INC.
MENTOR, OHIO 44060

SHEET 1 OF 1
CONTRACT NO. 84-019