

SITE PLAN
Perry Township, Lake County, Ohio

for: Raymond W. Kosky
OWNER

ADDRESS _____ CITY _____

SUBDIVISION NAME Lot 10
VOLUME 10
PERM. PARCEL NO. _____

LEGEND

SANITARY MANHOLE
STORM MANHOLE
INLET OR CATCH BASIN
HYDRANT
EXISTING CONTOURS
PROPOSED CONTOURS
EXIST. ELEV. 100.0
PROP. ELEV. 100.0

REMARKS
ALL BOUNDARY DATA SHOWN WAS OBTAINED FROM (DEEDS, RECORDED SUBDIVISION PLAT OR OTHER PUBLIC RECORDS)
LOCATIONS AS SHOWN OF ADJACENT WELLS AND SEPTIC TANKS OBTAINED FROM LAKE COUNTY HEALTH DEPARTMENT

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

NAME _____ SURVEYOR REGISTRATION NO. _____

CHECK LIST

NO. OF BEDROOMS
DIMENSIONS
BEARINGS
TIE TO NEAREST STREET
SUBLOT NO. PARCEL NO.
SURROUNDING OWNERS
BLDG. DIMENSIONS FIN. GR.
BLDG. TIES F.L.R. GRADES
APRON TYPE WIDTH THICKNESS
SIDEWALK TYPE DIA. LENGTH
CULVERT TYPE DIA. LENGTH
ISOLATION RADIUS FROM WELL

PLAN PREPARED BY: **BABCOCK • JONES & ASSOCIATES, INC.**
PAINESVILLE, OHIO

NO. DATE BY
1 17 15
2 17 15
3 17 15
4 17 15
5 17 15

"AS BUILT" CERTIFICATION

I, HEREBY CERTIFY THAT THE CIRCLED GRADES ARE EXISTING FINISH GRADES CHECKED IN THE FIELD ON _____, 19____ AND ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

REGISTERED SURVEYOR REG. NO. _____

SEWAGE DISPOSAL PERMIT MUST BE OBTAINED BY A LAKE COUNTY LICENSED INSTALLER BEFORE INSTALLATION IS STARTED.

A. To be brought to finished grade
B. No footer drains or downspouts to be discharged into septic tanks
C. All waste water to be discharged into septic tanks

"I, 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 _____ day of _____, 19____ and that the elevations were taken at appropriate intervals and that as of that date they existed as indicated hereon."



PERMIT NO. 6122
SIDE LINES & SET BACK
ZONING INSPECTOR
PERRY TOWNSHIP ZONING

Reviewed and Accepted
LAKE COUNTY GENERAL HEALTH DISTRICT
Date: 6-2-95
JOEL LUCIA, R. S., M. P. H.
Health Commissioner

LOW YIELD WATER
FIXTURES REQUIRED
ON ALL:
Shower Head
Toilet

ELBERTA ROAD - 45'

