

GRAPHIC SCALE

1 INCH = 20 FEET

LOT SPLIT AND CONSOLIDATION

## THE CONSOLIDATED INVESTMENT CORPORATION

Known as being part of Lot 52, 53, 54, 55 and 56 of the Original Town Plat of Champion, now situated in the CITY OF PAINESVILLE COUNTY OF LAKE - STATE OF OHIO

1415 East 286th Street Wickliffe, OH 44092

Phone: 440.585.9800 www.mcsteen.com

This survey is a boundary survey prepared in accordance with Chapter 4733—37, Ohio Administrative Code. The basis of bearings for this survey are from GNSS observations to the Ohio State Plane Coordinates System, North Zone, NAD83 (2011) datum derived through the O.D.O.T. V.R.S. Network. Distances are given in feet and decimal parts thereof. All iron pins shown as set are 30" long 5/8" IRON PIN with an identification cap stamped "McSTEEN CA 96-026".

> REG. PROF. SURV. No. 8788 Job No.: 19-133 Field Date: May 13, 2019 Survey Date: June 11, 2021 Ďrawn By: MAH & TEE KEVIN WOESTE S-8788

**APPROVALS** This plat is hereby approved by the Planning Commission of the City of Painesville, Ohio this

Lynn White, City Planner

This plat is hereby approved by the Engineer of the City of Painesville, Ohio this \_\_\_\_\_ day

Leanne Exum, P.E., S.I., City Engineer

I, the undersigned Representative of Consolidated Investment Corporation, owner of the land shown hereon, do hereby accept this Lot Split and Consolidation as shown hereon.

Consolidated Investment Corporation

Printed Name

NOTARY PUBLIC COUNTY OF LAKE

**ACCEPTANCE** 

STATE OF OHIO Before me, a Notary Public in and for said County and State, personally appeared the above named Representative of Consolidated Investment Corporation, who acknowledged the signing of the foregoing instrument, and that it was of \_\_\_\_\_ free act and deed personally. In witness whereof, I have hereunto set my hand and official seal at \_\_\_\_\_ , Ohio, this \_\_\_\_ day of \_\_\_\_\_\_, 2020.

**ACCEPTANCE** 

I, the undersigned Representative of Signature Health Inc, owner of the land shown hereon, do hereby accept this Lot Split and Consolidation as shown hereon.

Signature Health Inc.

Printed Name

NOTARY PUBLIC

COUNTY OF LAKE STATE OF OHIO

Before me, a Notary Public in and for said County and State, personally appeared the above named Representative of Sigature Health Inc, who acknowledged the signing of the foregoing instrument, and that it was of \_\_\_\_\_ free act and deed personally. In witness whereof, I have hereunto set my \_\_\_\_\_ , Ohio, this \_\_\_\_ day of

hand and official seal at \_ \_\_\_\_\_\_, 2020.

