Description Checked for Mathematical Accuracy Athens County ENGINEER'S OFFICE

DATE:

## 15122 Description of a Survey For One West Bank **1.244** Acres

Situated in the Southeast Quarter of the Southwest Quarter of Section 8 and the Northeast Quarter of the Northwest Quarter of Section 7, T-5-N, R-11-W, Troy Township, Athens County, Ohio. Being a part of the tract recorded to Louise Hershey in Book 51 at Page 781 of the Official Records of the Athens County Recorder's Office. Being part of Parcel Number L010010026100 and all of Parcel Number L010010025900 being more fully described as follows:

Beginning for reference at a point at the southeast corner of the Southwest Quarter of Section 8, T-5-N, R-11-W, Troy Township, Athens County, Ohio. Thence with the south line of Section 8, N 87°- 36'- 47" W – 437.90 feet to a found 5/8-inch rebar with an unreadable cap. A found small axel bears S 01°- 46'- 54" W - 7.57 feet from said found rebar and a found 5/8-inch rebar with an unreadable cap bears N 62°- 22'- 54" E - 62.90 feet from said found rebar. Said found 5/8-inch rebar with an unreadable cap is the Principal Place of Beginning for this survey.

Thence with the west line of Walden at Volume 167 at Page 248, S 23°-55'-23" W -218.38 to a point in the center of State Route 144 and passing a found 5/8-inch rebar (no cap) at 190.08 feet.

Thence with the centerline of State Route 144, N 41°- 59'- 18" W – 309.15 feet to a point and passing into Section 8 at 284.21 feet.

Thence leaving said road and with a new division line of O.R. 51 at Page 781, N 42°- 27'- 33" E - 196.23 feet to a point, (a found 5/8-inch rebar with unreadable cap and extending 1.3 feet above the ground, Loose), bears N 52°- 17'- 02" W - 0.63 feet from said point) and passing a found 5/8-inch rebar with unreadable cap at 15.92 feet.

Thence with another new division line of O.R. 51 Page 781, S  $42^{\circ}$ - 57'- 35" E - 239.04feet to a found 5/8-inch rebar with an unreadable cap on the line between Sections 7 and Sections 8. Said found 5/8-inch rebar with an unreadable cap on the line between Sections 7 and Sections 8 is the Principal Place of Beginning for this survey. Said survey contains 1.244 Acres, more or less.

The attached plat, Job Number 15122\_FINAL is made a part of this description. All Iron Pins set this survey are 5/8-inch x 30-inch rebar and have a plastic cap on them stamped Dale A. Exline P.S. 6722.

Basis of Bearings is State Plane Grid North, NAD83 (2011) Ohio South Zone. Tied by GPS to ODOT CORS Stations. To denote angles only.

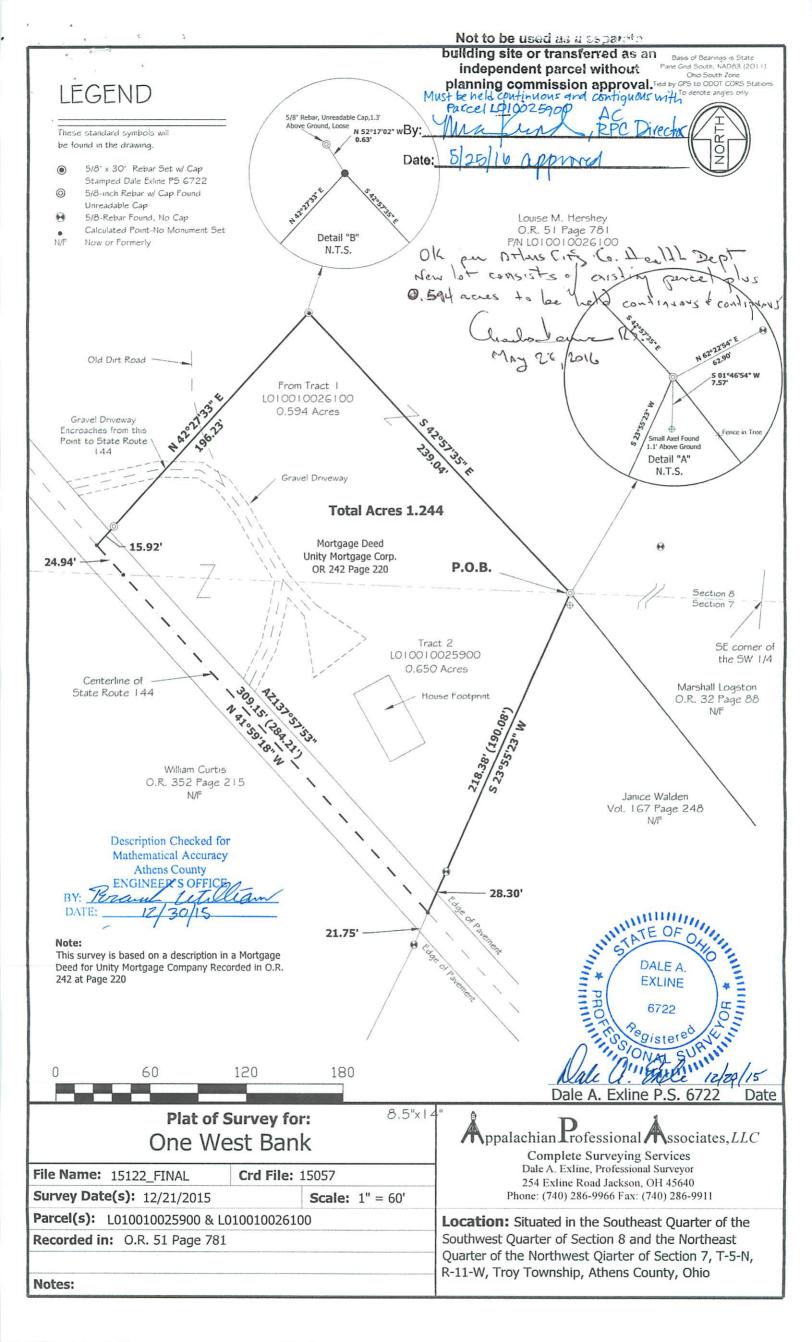
Subject to all legal easements and Right-of-Ways not listed above.

This description was prepared from an actual survey performed by me, Dale A. Exline, or under my direct supervision on December 21, 2015.

ppalachian Frofessional ssociates Complete Surveying Services Dale A. Exline, Professional Surveyor (LLC 254 Exline Road Jackson, OH 45640

Phone: (740) 286-9966 Fax: (740) 286-9911

SIONALS Dale A. Exline P.S. 6722



## Athens County Regional Planning Commission

Office of the Athens County Planner 280 West Union Street Athens, OH 45701

> Telephone: 740.517.4543 Email: mkrldler@athensoh.org

## MINOR SUBDIVISION APPLICATION

| FOR OFFIC                                                                                             | CE USE ONLY:                            |                    |             |                                |                                         | <del></del> - |                                         |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------|-------------|--------------------------------|-----------------------------------------|---------------|-----------------------------------------|
| FILE #                                                                                                |                                         |                    |             | REC                            | EIVED:                                  |               |                                         |
|                                                                                                       |                                         |                    |             |                                |                                         |               |                                         |
|                                                                                                       |                                         |                    |             | Date                           | Reviewed:                               |               |                                         |
| Fee Due:                                                                                              | Fee Paid:                               | Date Paid:         |             | Actio                          | n:                                      |               | -                                       |
| Dramand au                                                                                            | -11::                                   |                    |             | -                              |                                         |               |                                         |
| Proposed subdivision name:                                                                            |                                         |                    |             |                                |                                         |               |                                         |
| APPLICANT INFORMATION:                                                                                |                                         |                    |             |                                |                                         |               |                                         |
| Landowner's                                                                                           | s name: Louise M                        | l Hershay (decease | 46          | ··                             |                                         |               |                                         |
|                                                                                                       | ress: 1030 SR 144                       |                    |             |                                | *************************************** |               |                                         |
| City: Coolvi                                                                                          |                                         |                    |             | State:                         | : Ohio                                  |               | Zip Code:                               |
| Telephone:                                                                                            |                                         |                    |             | Fax:                           |                                         |               |                                         |
| E-mail:                                                                                               | •                                       |                    |             |                                | <del></del>                             |               |                                         |
| REPRESENTATIVE'S INFORMATION (if different from landowner):  Representative's name: David L Van Styke |                                         |                    |             |                                |                                         |               |                                         |
| Company no                                                                                            | ive's name: David                       | d L Van Slyke      |             |                                |                                         |               |                                         |
| Moiling odd                                                                                           | ame: Photal Coon                        | vey PC             |             | ***                            |                                         |               | *************************************** |
| Maning addi                                                                                           | ress: 300 East Bree                     | ud, Str 590        |             | C4-4-                          |                                         |               |                                         |
| City: Colors                                                                                          |                                         |                    | <del></del> | State: 6H<br>Fax: 614 627 3019 |                                         |               | Zip Code: 43215                         |
|                                                                                                       | 614 629 3006                            | <b>A A</b>         |             | rax:                           | 614 627 30                              | 19            |                                         |
| E-man. dva.                                                                                           | nslyke e plunke                         | ttcooney.com       |             |                                | <del></del>                             |               |                                         |
| PARCEL INI                                                                                            | FORMATION:                              |                    |             |                                |                                         |               |                                         |
| Section #: 8                                                                                          | 7 Townsh                                | ip: Troy R         | ange:       | 11                             | Parcel a                                | acreage:      | 1.244                                   |
| Parcel # (s):                                                                                         | 100000000000000000000000000000000000000 | T0100100           | 24 100      |                                |                                         |               |                                         |
| Legal description:                                                                                    |                                         |                    |             |                                |                                         |               |                                         |
| Current zoning (if applicable):                                                                       |                                         |                    |             | Current use: **sidential       |                                         |               |                                         |
| Nearest city:                                                                                         |                                         |                    |             | Distance to the nearest city:  |                                         |               |                                         |
| PROJECT P                                                                                             |                                         |                    |             |                                |                                         |               |                                         |
| Number of lots:   Smallest lot size                                                                   |                                         |                    |             |                                |                                         | Largest       | t lot size:                             |
|                                                                                                       | e of future lots:                       |                    |             |                                |                                         |               |                                         |
| Residential Commercial                                                                                |                                         |                    |             |                                |                                         |               |                                         |
| Industrial [                                                                                          |                                         |                    |             |                                | Agricultural                            |               |                                         |
| ☐ Non-residential ☐ Mixed                                                                             |                                         |                    |             |                                |                                         |               |                                         |
| Is a variance                                                                                         | required as part                        | t of this project  | 5 7         | Yes [                          | No If yes                               | s. a variar   | nce application is required.            |

## **ACCESS INFORMATION:**

| r                                    |                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Plea                                 | ase check the appropriate boxes:                                                                                                                                                                                                                                                                                                              |  |  |  |  |
|                                      | Private Easement Proposed  Describe travel surface (e.g., gravel, dirt, paved, etc.), travel way width, road grade and easement width. Include recorded instrument number for existing easements & name, if existing:                                                                                                                         |  |  |  |  |
| G                                    | Public Road Existing Proposed  Describe travel surface (e.g., gravel, dirt, paved, etc.), travel way width, road grade right-of-way width and name, if existing:  SE 144                                                                                                                                                                      |  |  |  |  |
|                                      | Combination of Public Road/Private Easement Existing Proposed  Describe travel surface (e.g., gravel, dirt, paved, etc.), travel way width, road grade and right- of-way/easement width and road name, if existing:                                                                                                                           |  |  |  |  |
| SERVICES:                            |                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
| Sewage disposal will be provided by: |                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
|                                      | Existing Community System - List name of sewer district or provider and type of system:                                                                                                                                                                                                                                                       |  |  |  |  |
|                                      | Proposed Community System – List type & proposed ownership:                                                                                                                                                                                                                                                                                   |  |  |  |  |
|                                      | <u>Individual system – List type</u> :                                                                                                                                                                                                                                                                                                        |  |  |  |  |
| Water will be supplied by:           |                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
|                                      | Existing public or community system - List name of provider:                                                                                                                                                                                                                                                                                  |  |  |  |  |
|                                      | Proposed Community System - List type & proposed ownership:                                                                                                                                                                                                                                                                                   |  |  |  |  |
| d                                    | Individual well                                                                                                                                                                                                                                                                                                                               |  |  |  |  |
| reac<br>Plea<br>have                 | ater is supplied by a public system, does the water provider have access easements to h your residence? se note: It is the responsibility of the property owner to ensure that any required Easements been granted to, and suitable arrangements made with, any public utility providing water or ral sanitary sewer service to the property. |  |  |  |  |

| FOR HEADTH DEPARTMENT USE ONLY:                                    | **                                                  |  |  |  |  |
|--------------------------------------------------------------------|-----------------------------------------------------|--|--|--|--|
| FILE #                                                             | DATE RECEIVED:                                      |  |  |  |  |
|                                                                    | DATE REVIEWED:                                      |  |  |  |  |
|                                                                    |                                                     |  |  |  |  |
| Comments:                                                          | 1 ) 4                                               |  |  |  |  |
| and bullet                                                         | ta) to existing tract with woder well not inspected |  |  |  |  |
| house. Deptro and                                                  | moder well not inspected                            |  |  |  |  |
|                                                                    |                                                     |  |  |  |  |
| Supervising Sanitarian's signature:                                | Date: 5/26/16                                       |  |  |  |  |
| FOR COUNTY ENGINEER USE ONLY:                                      |                                                     |  |  |  |  |
| FILE #                                                             | DATE RECEIVED:                                      |  |  |  |  |
|                                                                    |                                                     |  |  |  |  |
|                                                                    | DATE REVIEWED:                                      |  |  |  |  |
| Action:                                                            |                                                     |  |  |  |  |
| Comments:                                                          |                                                     |  |  |  |  |
|                                                                    |                                                     |  |  |  |  |
|                                                                    |                                                     |  |  |  |  |
|                                                                    |                                                     |  |  |  |  |
| County Engineer's signature: as Stamped on drawing 12/81/15. Date: |                                                     |  |  |  |  |
| FOR REGIONAL PLANNING COMMISSION USE ONLY:                         |                                                     |  |  |  |  |
|                                                                    | DATE RECEIVED:                                      |  |  |  |  |
|                                                                    |                                                     |  |  |  |  |
|                                                                    | DATE REVIEWED:                                      |  |  |  |  |
|                                                                    |                                                     |  |  |  |  |
| Action:                                                            |                                                     |  |  |  |  |
| Comments:<br>Must be held continuous and                           | contiguous with parcel 201001002590                 |  |  |  |  |
| . 650 acres. Not to be transfer                                    |                                                     |  |  |  |  |
| The same of the same is an above                                   | ,                                                   |  |  |  |  |
| <u> </u>                                                           | Haraman Harin                                       |  |  |  |  |
| County Planner's signature:                                        | ACRPC Date: \$25/16.                                |  |  |  |  |