

**AGENDA
PLANNING COMMISSION
OCTOBER 3, 2019
LAKEWOOD CITY HALL**

**PRE-REVIEW MEETING
6:30 P.M.
AUDITORIUM**

Review docket items

**REGULAR MEETING
7:00 P.M.
AUDITORIUM**

- 1. Roll Call**
- 2. Approve the Minutes of the September 5, 2019 meeting**
- 3. Opening Remarks**

OLD BUSINESS

LOT SPLIT/CONSOLIDATION

- 4. Docket No. 07-17-19***
17882 Lake Road
The Clifton Club

Kathleen M Stringer, The Clifton Club, applicant requests a lot split and consolidation (PPN 311-04-011 and PPN 311-04-012), pursuant to section 1155.07 – procedures for lot splits and section 1155.06 – procedures for lot consolidation and resubdivisions. The property is in a R1L – Single Family, Low Density district. (Page 2)

***The applicant has requested to table this docket item.**

CONDITIONAL USE

- 5. Docket No. 08-20-19**
13430 Madison Avenue
Alliant Treatment Center

Ada and John Nworie, Alliant, applicants request to change the use of a property from a funeral home services to a residential treatment facility for substance abusers, pursuant to section 1129.02 - principal and conditional permitted uses. Property is in a C2, Commercial and Retail district. (Page 4)

NEW BUSINESS

LOT SPLIT

- 6. Docket No. 10-28-19**
2022 Lincoln Avenue
St. Clement Church

Dru Siley, Liberty Development Co. requests a property split of parcel PPN 314-19-005 into two parcels, pursuant to section 1155.07 - procedures for lot splits. The property is in an C2 – Commercial, Retail district. (Page 14)

ADJOURN

Account: 101-0000-321. 30-03 (Sim. Use, Con. Use, Use Var)
Account: 101-000-349. 60-00 (Minor-Sub, Lot Split/Con, PD)

REFERENCE No. PC19-000006
DOCKET No. 07-17-19
FEE PAID \$200.00 js Check

APPLICATION
LAKWOOD PLANNING COMMISSION

Property Address 17882 Lake Road Business/Tenant Name Sarah + Chris van Raatten
Property Owner Name 17882 Lake Rd LLC Owner Phone 216-521-3051 # 101
Owner E-mail Kathy.s@cliftonclub.com Zoning Rsd+1 Parcel Number 311-04-011
Project Summary lot split of parcel 311-04-011 to consolidate to
parcel # 311-04-012

Late Applications Will Not Be Accepted. (See calendar on page 2 for deadlines)

ACTION REQUESTED (Check all that apply)

- Minor Sub-Division - (Commercial \$200, Residential \$200, Planned Development \$500)
- Lot Consolidation/Lot Split - (Commercial \$200, Residential \$200, Planned Development \$500)
- Planned Development - (\$500)
- Similar Use - (Commercial \$50, Residential \$25)
- Conditional Use - (Commercial \$150, Residential \$75) (See Chapter 1173 of the Zoning Code for add'l submission requirements)
- Variance - (Commercial \$50, Residential \$25)
- Parking Plan Review - (\$150)

Submission Requirements:

1. A detailed written description of the request signed by the applicant/owner.
2. Letter of authorization from property owner, if different from the applicant.
3. A scaled site plan detailing elements of the proposal and showing adjacent properties and uses. (1 copy, 8.5 x 11)
4. Photos of the existing conditions.
5. Authorization for Property Access signed by the owner. (Pg. 2 of this application form)
6. Fee(s).

Applicant Name (Print Clearly): Kathleen M. Stringer Company The Clifton Club
Applicant Address: 17884 Lake Road Lakewood, Ohio 44107
Phone: 216-521-3051 Fax: 216-521-7415 E-mail: Kathy.s@cliftonclub.com
Signature: [Signature] Date: 6-14-19

OFFICE USE ONLY: Application Reviewed and Accepted by: K. Milius Date: 6/19/19

File History: _____
Bldg. Dept. Remarks: _____

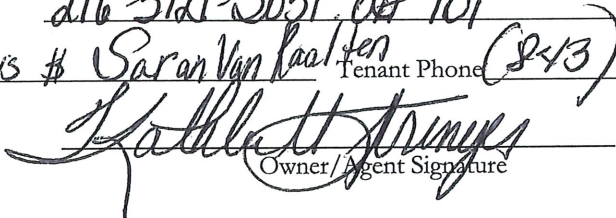
ORD. 24.98 SECTION 1155.06

AUTHORIZATION FOR PROPERTY ACCESS

(In signing this application,) I authorize members of the City's Building Department and Planning and Development Department access to my property for the limited purposes of photographing and verifying location and dimension of the area affected by my Planning Commission applications and requests. A landlord of a single tenant structure must provide the written consent of the tenant. The City employee will, in case of one, two or three tenant structure, attempt to notify those residing on the property immediately prior to coming onto the property. In the case of a multi-tenant structure, the City employee will notify the building manager.

Any dog(s) on property? Yes No

Please Print or Type:

Owner/Agent Name: Kathleen M. Stringer/17882 Lake Rd LLC
 Property Address: 17882 Lake Rd. Lakewood Ohio 44107
 Owner/Agent Phone: 216-521-3051 ext 101
 Tenant Name Chris & Sarah Van Laalten Tenant Phone (843) 697-0937

 Owner/Agent Signature

**2019 Calendar
Planning Commission**

Month	Application Deadline		Pre-Review Meeting		Review Meeting	
January	Wednesday	12-19-18	Thursday	01-03-19	Thursday	01-03-19
February	Wednesday	01-23-19	Thursday	02-07-19	Thursday	02-07-19
March	Wednesday	02-20-19	Thursday	03-07-19	Thursday	03-07-19
April	Wednesday	03-20-19	Thursday	04-04-19	Thursday	04-04-19
May	Wednesday	04-17-19	Thursday	05-02-19	Thursday	05-02-19
June	Wednesday	05-22-19	Thursday	06-06-19	Thursday	06-06-19
July	Monday	06-17-19	Tuesday	07-02-19	Tuesday	07-02-19
August	Wednesday	07-17-19	Thursday	08-01-19	Thursday	08-01-19
September	Wednesday	08-21-19	Thursday	09-05-19	Thursday	09-05-19
October	Wednesday	09-18-19	Thursday	10-03-19	Thursday	10-03-19
November	Wednesday	10-23-19	Thursday	11-07-19	Thursday	11-07-19
December	Wednesday	11-20-19	Thursday	12-05-19	Thursday	12-05-19
January	Wednesday	12-18-19	Thursday	01-02-20	Thursday	01-02-20

PLEASE NOTE: Applications are submitted to the Department of Planning and Development and are due before **noon** on the above indicated dates. It is recommended to submit them **prior** to the application deadline for review of completeness. **Late or incomplete applications cannot be accepted.**

Pre-Review Meetings for the Commission start at **6:30 P.M.** in the **East Conference Room** (adjacent to the auditorium) unless otherwise indicated. Use the rear northeast entrance to the Auditorium.

Review Meetings start at **7:00 P.M.** in the **Auditorium** at Lakewood City Hall, 12650 Detroit Avenue unless otherwise indicated. Applicants (or representative as designated in writing to the Secretary of the Board) **MUST** attend the review meeting for an application to receive review. Use the rear northeast entrance to the Auditorium.

Account: 101-0000-321. 30-03 (Sim. Use, Con. Use, Use Var)
Account: 101-000-349. 60-00 (Minor-Sub, Lot Split/Con, PD)

REFERENCE No. PC19-000011
DOCKET No. 08-20-19
FEE PAID _____

APPLICATION
LAKWOOD PLANNING COMMISSION

Property Address 13430 Madison Business/Tenant Name N/A

Property Owner Name Charles Stone/Lou Barber Owner Phone (440) 899-0000

Owner E-mail N/A Special Use C2
Zoning (funeral home) Parcel Number 315-16-009

Project Summary To change use of property from Funeral Home Services to a residential treatment facility for substance abusers.

Late Applications Will Not Be Accepted. (See calendar on page 2 for deadlines)

ACTION REQUESTED (Check all that apply)

- Minor Sub-Division – (Commercial \$200, Residential \$200, Planned Development \$500)
- Lot Consolidation/Lot Split – (Commercial \$200, Residential \$200, Planned Development \$500)
- Planned Development – (\$500)
- Similar Use – (Commercial \$50, Residential \$25)
- Conditional Use – (Commercial \$150, Residential \$75) (See Chapter 1173 of the Zoning Code for add'l submission requirements)
- Variance – (Commercial \$50, Residential \$25)
- Parking Plan Review – (\$150)

Submission Requirements:

1. A detailed written description of the request signed by the applicant/owner.
2. Letter of authorization from property owner, if different from the applicant.
3. A scaled site plan detailing elements of the proposal and showing adjacent properties and uses. (1 copy, 8.5 x 11)
4. Photos of the existing conditions.
5. Authorization for Property Access signed by the owner. (Pg. 2 of this application form)
6. Fee(s).

Applicant Name (Print Clearly): Ada and John Nworie Company ALLIANT TREATMENT CENTER

Applicant Address: 11801 CLIFTON BLVD, UPSTAIRS, LAKEWOOD, OH 44102

Phone: (216)801-4625 Fax: (216)712-6958 E-mail: ada@alliantrehab.com

Signature: [Signature] Date: 07/17/2019

OFFICE USE ONLY: Application Reviewed and Accepted by: K. Milius Date: 7/19/2019

File History: _____

Bldg. Dept. Remarks: _____

ORD. 31-17 SECTION 1129.02

Alliant Treatment Center

Bullet Description of Proposed Alcohol and Drug Treatment Program 13430 Madison Avenue, Lakewood, Ohio 44107

Population

1. The proposed alcohol and drug treatment program is designed and aimed at providing alcohol and drug treatment for males and females 18 years of age and up.
 - Between 14 and 16 males and 10 to 12 females may receive treatment at any given time in the proposed treatment facility in separate building facilities. There are separate housing units for each gender. In addition, Alliant Treatment Center also proposes to have a sober living house toward the rear of the campus. A maximum of six males could potentially reside in that unit at any given time.

Facility

The proposed property is a well kept parcel of land that was formerly a funeral home, business office, and residence for several individual living on the property. It consists of three separate buildings. Males will receive treatment services in one building, females will receive treatment in a second building, and sober living and continued outpatient treatment will be provided for individuals living in the third building. This campus provides an excellent opportunity (all in one location) for individuals to receive the full continuum of treatment services needed to function best after becoming addicted to alcohol and other drugs.

- a) There are several changes proposed to be made to the current structure of the proposed facility.
 - a) The garage will be transformed into six bedrooms units, with bathroom facilities, and a lounge area (See drawing);
 - b) A full kitchen will be added to the main floor of the main building (See drawing).

Referrals and Treatment

2. Only individuals seeking treatment to refrain from use of alcohol, illicit drugs such as heroin, cocaine, methamphetamines, and other legal and illegal substances will be accepted into the program.

3. Referrals for treatment will come from the local hospitals in the area, detoxification centers, courts, probation officers, other treatment facilities, and self-referrals.
4. At all times, a minimum of three beds will be dedicated specifically for citizens of Lakewood, Ohio and treatment services may be provided to those individuals on a sliding fee scale based upon current Federal Poverty Guidelines.
5. Cuyahoga County criminal background checks of all individuals will be completed before or upon entry to the treatment program. Individuals with a recent violent legal charge MAY not be allowed to participate in the treatment program. Some of these charges include sexual predators, and other extreme violent crimes.
6. All participants will be required to complete a comprehensive biopsychosocial assessment to determine a client's psychological fit for participation in a treatment program.
7. All participants will be required to complete or provide documentation of having completed a recent physical medical examination (within 12 months) performed by a medical professional from a facility such as Metropolitan Hospital, Lutheran Hospital, and/or Cleveland Clinic to ensure all residents are medically healthy enough to participate in and successfully complete a 30 day inpatient treatment program.
8. Medication will not be prescribed on the premises; however, medications already prescribed for participants will be kept in a secure locked room specifically designed to ensure all medications are accounted for and monitored. Medication use will be supervised by trained agency staff members. Trained staff members will only be responsible for custody of medications and monitor each client's use of their medications.
9. While in treatment individuals will participate in a minimum of six hours of daily structured counseling groups, one hour of daily individual counseling, and approximately two hours daily participants will attend Alcoholics' Anonymous meetings in the surrounding community. Weekend activities are also structured with very similar activities but residents are provided one hour of free time to visit with loved ones as this too is a very important part of treatment and recovery.

10. While in the facility all participants will be supervised 24 hours daily seven days weekly, including holidays by a minimum of two treatment staff members. At all times participants will be accompanied and supervised by a treatment staff member in each housing unit and in the community. Scheduled and random urine analysis will be performed to ensure there is no continued substance abuse while in treatment. At no time during treatment will residents have unsupervised contact with anyone in the surrounding community. There will be absolutely no loitering in or around the building, nor standing outside the building or in the community.
11. This is not a mandatory treatment facility. Participants may request to be discharged from the program at any time during their treatment episode. On the other hand, a participant may be discharged at any time for breaking rules, endangering others, or for other serious agency violations. Whenever a participant leaves treatment, assistance will be provided in getting them to their homes or assistance in getting them to their destination of choice. At no time will a discharged client be allowed to hang around the facility or in the nearby community.
12. Lodging and food (three meals per day and snacks) will be provided for all participants while in the treatment program. Those who are prescribed special diets will be provided the proper meal choices at all meals.
13. Participants who have medical issues and concerns will be accompanied and transported to and from all medical appointments in the community. At no time will participants be unaccompanied while in the community.

Community

14. While participating in community activities every participant will be accompanied at all times by a minimum of one treatment staff member.
15. All emergencies will be initially handled by staff members on duty; however, if medical and/or physical restraint is needed a nearby hospital and/or the local police department may be contacted immediately.
16. The treatment facility is a “non-smoking facility”, however, a designated smoking area will be located on the grounds of the property outside the building at a reasonable distance away from the facility.

17. Participants may stay up to 30 days for treatment before being referred and discharged to continued treatment at an outpatient three-month follow-up treatment program such as an Intensive Outpatient Treatment Program, Sober Living Facility, or to their own homes. At no time will a homeless participant be released to the streets. If approved sober living options may be provided by Alliant Treatment Center. If space is not available homeless resident's discharge will be coordinated with a homeless shelter that offers housing opportunities for individuals addicted to alcohol and other drugs.
18. This program will be implemented and supervised by highly trained and licensed staff members. A Licensed Independent Social Worker, Supervisor (LISW-S) with more than 30 years experience in mental health and substance abuse will lead the program. He has extensive experience working with addicted individuals with mental illnesses and designing and implementing programs (see resume attached). There will be other licensed and certified staff working in the program. Some are currently working with Alliant Treatment Center and employed in the Lakewood community.

RESIDENTIAL PHONE: (216) 971-1020
Jwthompson84@gmail.com E-mail Address

R E S U M E

JULIUS W. THOMPSON, M.Div., LISW-S
2934 Martin Luther King, Jr. Drive
Cleveland, Ohio 44104-4802

LICENSE

Licensed Independent Social Worker – Supervisor (LISW-S), Counselor, Social Worker,
Marriage & Family Therapist Board, State of Ohio, Expires 03/2020, License No. I 0600013

EDUCATION/CLINICAL TRAINING

Two-Year Post Graduate Clinical Training in Psychoanalytical Psychotherapy - Washington School of Psychiatry, Clinical Program on Dynamic Psychoanalytical Psychotherapy Practice, 5028 Wisconsin Ave., Washington, D.C. 20016 - September 1996 - May 1998, Certificate

Addictions Training - University of the District of Columbia, Addiction Prevention & Recovery Administration, Professional Counseling Education Program, 4200 Connecticut Ave., Washington, D.C. 20008 - September 1997 - February 1998, Certificate

Social Services Management Training - Master of Social Work (MSW) [Administration - Social Services Management and Criminal Justice] Howard University, 2400 Sixth St. Northwest, Washington, D.C. 20059 - January 1995 - May 1996, Master of Social Work (M.S.W.), Diploma

Master of Divinity (M.Div.) [Pastoral Counseling and Social Work] Howard University, 1400 Shepherd St. Northeast, Washington, D.C. 20017 - August 1987 - May 1993, Master of Divinity Degree, (M.Div.), Diploma

Bachelor of Arts Degree [Major–Psychology, Minor- English/Writing Skills] Ohio State University, 1400 Cannon Dr., Columbus, Ohio 43201 - September 1976 - June 1982, Bachelor of Arts Degree (B.A.), Diploma

WORK EXPERIENCE

3/2019 – Present Consulting Social Worker/Clinical Director
Alliant Treatment Center, Inc.
3535 Shaker Blvd.
Shaker, Ohio 44128

(216) 417-6166

Supervise the delivery of clinical interventions of all clinical staff members; design and implement a 30-day inpatient treatment program for individuals experiencing addiction to alcohol and other illicit drugs; write policies and protocol for addressing mental health and addiction services; develop collaborative relationships with other nonprofits to offer dually diagnosed clientele a continuum of services; provide trainings to staff members in clinical service delivery, assessments, writing treatment plans, and progress notes.

Resume, Julius Thompson
Continued

1/2017 – Present Consultant/Therapist
Eye for Change Youth & Family Services, Inc. (216) 441-9622
3100 East 42st Street, Suite 305
Cleveland, Ohio 44127

Provided psychotherapy services to a limited number of families in need of services; supervised staff, wrote policies and procedures for the agency; worked as a consultant to start up a 30-day inpatient alcohol and drug treatment facility; find locations, secured locations, performed all necessary tasks and responsibilities to start the treatment facility.

5/2014 – 6/2016 Director of Treatment
Hispanic UMADAOP (216) 459-1222
3305 West 25th Street
Cleveland, Ohio 44109

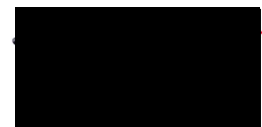
Managed a 30 to 60 day residential treatment center in which alcohol and other drug treatment services are provided for adults 18 years of age and older; nearly all clients also experienced a mental illness; provided clinical supervision and supervised all clinical, administrative, and support staff members; provide training to certify Chemical Dependency Counseling Assistants (CDCA); wrote grants, developed, and implemented new programs to better serve clientele; worked closely with community, county, and state programs; established and wrote outcome reports; provided crisis interventions for clients in medical crisis or in danger of harming self and/or others;

8/2008 – 10/2014 Therapist/Social Worker
Private Practice (Self Employed) (216) 862-7230
2934 Martin Luther King, Jr., Boulevard
Cleveland, Ohio 44104

I provided traditional psychotherapy and/or pastoral counseling, case management, and referral services on a sliding fee basis for clients referred from local churches located in and around Cleveland, Ohio and Crisfield, Maryland; most clients were experiencing mental health problems that include mood and anxiety disorders, personality disorders, depression, family and personal problems; clientele consisted of adults, couples, parents, adolescents, and children with a multiplicity of mental health, substance abuse, financial, housing, and medical problems; completed comprehensive biopsychosocial assessments, treatment plans, reviews of treatment plans, and progress notes; clients were seen in my private practice office, their homes, hospitals, and schools; reported to state agencies; referrals were made to community mental health agencies and private physicians for psychiatric evaluations and medications.

09/2011 – 4/2013 Clinical Director/Acting Executive Director
Community Action Against Addiction (216) 881-0765
5209 Euclid Avenue
Cleveland, Ohio 44103

Supervised all primary counselors; tracked production, attendance, quality of work; ensured all client charts meet state and local regulations and standards; started a mental health department. Completed comprehensive diagnostic assessments and intake paperwork for clients seeking treatment for alcohol and drug addictions; completed diagnostic assessment using the SO-QIC; developed initial treatment plans, wrote progress notes, completed transfer forms, and discharge paperwork; attended weekly clinical team meetings; tracked census and update rosters for all





LIBERTY
DEVELOPMENT COMPANY

28045 Ranney Parkway, Suite E | Westlake, OH 44145
p (440) 892-1800 | f (440) 892-1801

September 16, 2019

Lakewood Planning Commission
City of Lakewood, Ohio
12650 Detroit Avenue
Lakewood, Ohio 44107

**RE: 2022 Lincoln Avenue
St. Clement Parish
Lot Split Parcel 314-19-005**

Dear Members of the Commission:

Liberty Development Company in partnership with St. Clement Parish is requesting approval of a lot split as shown on the attached drawing.

Please feel free to contact me at your convenience should you have any questions or require additional information.

Sincerely,

Dru Siley
Vice President, Development
440-892-1800 x111
ds@liberty-development.com

Account: 101-0000-321. 30-03 (Sim. Use, Con. Use, Use Var)
Account: 101-000-349. 60-00 (Minor-Sub, Lot Split/Con, PD)

REFERENCE No. PC19-000017
DOCKET No. 10-28-19
FEE PAID \$200 check

APPLICATION
LAKWOOD PLANNING COMMISSION

Property Address 2022 Lincoln Avenue Business/Tenant Name St. Clement Church
Property Owner Name Diocese of Cleveland Owner Phone (216) 226-5116
Owner E-mail jworkman@dioceseofcleveland.org Zoning C-2 Parcel Number 314-19-005
Project Summary Lot split of a portion of the St. Clement campus


Late Applications Will Not Be Accepted. (See calendar on page 2 for deadlines)

ACTION REQUESTED (Check all that apply)

- Minor Sub-Division – (Commercial \$200, Residential \$200, Planned Development \$500)
- Lot Consolidation/Lot Split – (Commercial \$200, Residential \$200, Planned Development \$500)
- Planned Development – (\$500)
- Similar Use – (Commercial \$50, Residential \$25)
- Conditional Use – (Commercial \$150, Residential \$75) (See Chapter 1173 of the Zoning Code for add'l submission requirements)
- Variance – (Commercial \$50, Residential \$25)
- Parking Plan Review – (\$150)

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1. A detailed written description of the request signed by the applicant/owner.
2. Letter of authorization from property owner, if different from the applicant.
3. A scaled site plan detailing elements of the proposal and showing adjacent properties and uses. (1 copy, 8.5 x 11)
4. Photos of the existing conditions.
5. Authorization for Property Access signed by the owner. (Pg. 2 of this application form)
6. Fee(s).

Applicant Name (Print Clearly): Dru Siley Company Liberty Development Co.
Applicant Address: 28045 Ranney Pkwy. Suite E. Westlake, Ohio 44145
Phone: 216-892-1800 Fax: _____ E-mail: ds@liberty-development.com
Signature:  Date: 09-16-2019

OFFICE USE ONLY: Application Reviewed and Accepted by: K. Milius Date: 9/18/19

File History: _____
Bldg. Dept. Remarks: _____

ORD. 24-98 SECTION 1155.07



Diocese
of
Cleveland

Cathedral Square

OFFICE OF THE BISHOP

679/2019
19 August 2019


Lakewood Planning Commission
12650 Detroit Avenue
Lakewood, OH 44107

RE: 2022 Lincoln Avenue
Request for lot split at St. Clement campus - 2022 Lincoln Avenue
Owner's Authorization

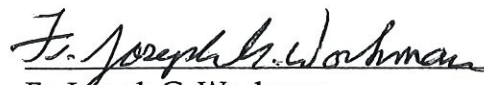
To Whom it May Concern-

The undersigned, representing both the legal owner (the Bishop of the Catholic Diocese of Cleveland as trustee for St. Clement Parish) and the beneficial owner (St. Clement Parish) of Permanent Parcel Number 314-19-005 have granted Liberty Development Company permission to pursue on their behalf a lot split for said parcel.

Sincerely,



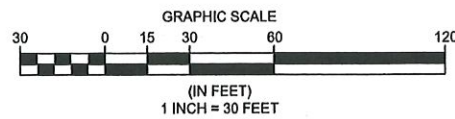
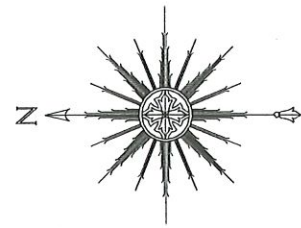
Most Rev. Nelson J. Perez
Bishop of the Catholic Diocese of Cleveland



Fr. Joseph G. Workman
Pastor of St. Clement Parish

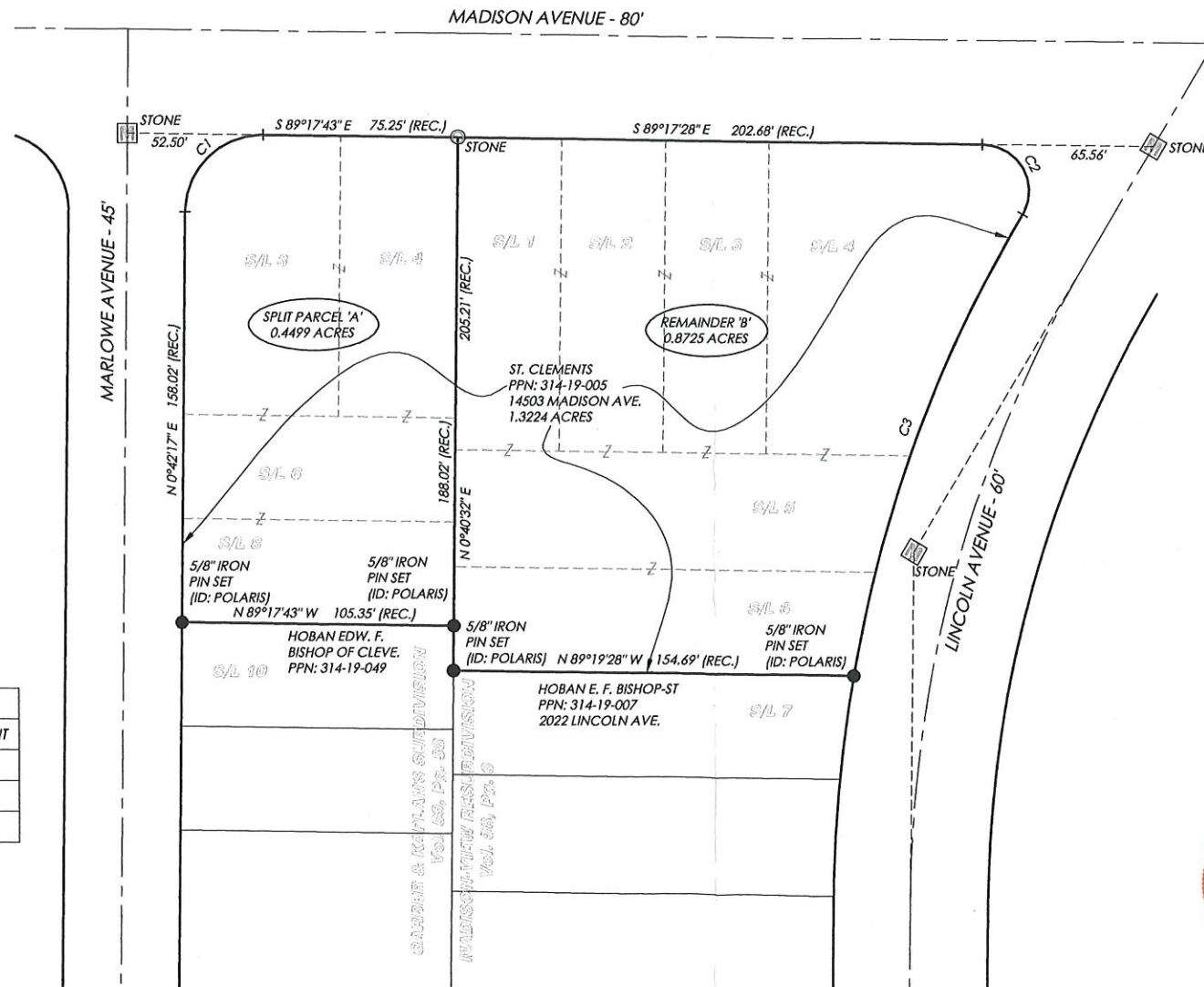
Lot Split For St. Clements

P.P.N.: 314-19-005 ~ 14503 Madison Avenue
 Known as Being a part of Section 19
 Original Rockport Township
 City of Lakewood - County of Cuyahoga - State of Ohio
 August, 2019 Scale 1"=30'



PARCEL CURVE TABLE						
CURVE	LENGTH	RADIUS	DELTA	CHORD	BEARING	TANGENT
C1	47.12'	30.00'	90°00'00"	42.43'	N45°42'17"E	30.00'
C2	37.48'	17.91'	119°53'35"	31.00'	N29°20'41"W	30.95'
C3	190.24'	527.70'	20°39'19"	189.21'	N20°16'27"E	96.16'

DATE: 8/15/19
 SCALE: HOR. 1"=30'
 VERT. N/A
 FOLDER: Survey
 FILENAME: Lot Split
 TAB: 01 - Plat of Split



OWNER(S) CERTIFICATE

I (WE), THE UNDERSIGNED OWNER(S) OF THE LAND SHOWN HEREON, DO HEREBY ACCEPT THIS PLAT AND CONSOLIDATION OF THE SAME.

OWNER NAME _____

PRINT NAME AND TITLE _____

OWNER NAME _____

PRINT NAME AND TITLE _____

NOTARY PUBLIC

STATE OF _____)
 COUNTY OF _____)

BEFORE ME A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, PERSONALLY APPEARED THE ABOVE NAMED OWNER(S) WHO ACKNOWLEDGE THAT THEY DID SIGN THE FOREGOING INSTRUMENT AND THAT IT WAS THEIR OWN FREE ACT AND DEED. IN WITNESS WHEREOF I HAVE HERETO SET MY HAND AND OFFICIAL SEAL

AT _____, OHIO
 THIS _____ DAY OF _____, 201__.

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____

CITY OF LAKEWOOD APPROVALS

THIS PLAT AND SPLIT IS ACCEPTED AND APPROVED BY THE CITY PLANNING COMMISSION CHAIRMAN OF THE CITY OF LAKEWOOD, OHIO THIS _____ DAY OF _____, 201__.

CHAIRMAN OF CITY PLANNING _____

THIS PLAT AND SPLIT IS ACCEPTED AND APPROVED BY THE CITY PLANNING COMMISSION SECRETARY OF THE CITY OF LAKEWOOD, OHIO THIS _____ DAY OF _____, 201__.

SECRETARY OF CITY PLANNING _____

THIS PLAT AND CONSOLIDATION IS ACCEPTED AND APPROVED BY THE CITY ENGINEER OF THE CITY OF LAKEWOOD, OHIO THIS _____ DAY OF _____, 201__.

CITY OF LAKEWOOD ENGINEER _____

BOUNDARY CERTIFICATION:

I HEREBY CERTIFY THAT I HAVE SURVEYED THE PREMISES AND PREPARED THE ATTACHED PLAT IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 4733-37 OF THE OHIO ADMINISTRATIVE CODE AND THE DIMENSIONS ARE IN FEET AND DECIMAL PARTS THEREOF, ALL OF WHICH ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. IRON MONUMENTS OR PINS AS INDICATED WERE FOUND OR SET AS SHOWN HEREON. THE TERM CERTIFY AS USED IN THIS STATEMENT IS UNDERSTOOD TO BE THE PROFESSIONAL OPINION OF THE SURVEYOR WHICH IS FORMULATED ON HIS BEST KNOWLEDGE, INFORMATION AND BELIEF, AND AS SUCH, IT DOES NOT CONSTITUTE A GUARANTEE OR WARRANTY, EITHER EXPRESSED OR IMPLIED. THIS PLAT WAS PREPARED WITHOUT THE BENEFIT OF AN ABSTRACT OF TITLE AND IS SUBJECT TO ANY STATE OF FACTS REVEALED BY AN EXAMINATION OF THE SAME. ALL IRON PINS SET ARE 5/8" X 30" LONG REBAR WITH A PLASTIC CAP STAMPED "POLARIS". BEARINGS REFER TO THE OHIO COORDINATE SYSTEM OF 1983 - NORTH ZONE 1986 ADJUSTMENT.



Richard A. Thompson Jr.
 RICHARD A. THOMPSON, JR.
 OHIO PROFESSIONAL SURVEYOR #7388

CONTRACT No.	
19161	
SHEET	OF
01	01