

CERTIFICATE OF SURVEYOR

I hereby certify that I am a Registered Land Surveyor in the State of Indiana, that this description and accompanying plat correctly represents a survey made by me on this _____ day of _____, 20____, that all encroachments are shown, that all monuments and markers actually exist and are accurately shown.

Surveyor

original tract total acreage_____ total acreage of exempt parcel _____

FOR OFFICE USE ONLY

Filing Fee \$_____ Receipt #_____ Date _____

RECEIVED BY _____

Administrator's Determination of Compliance

I hereby determine, based upon the above application and attached documentation, that the proposed division constitutes an Exempt I division of land and is hereby released by the Grant County Area Plan Office.

Administrator's or Director's Signature

Date

Printed name

**EXEMPT DIVISION OF LAND
PLAT OF SURVEY**
aerial map number _____

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SURVEYOR

CERTIFICATE OF SURVEYOR

I hereby certify that I am a Registered Land Surveyor in the State of Indiana, that the above legal description was prepared by me and correctly represents a survey made by me this _____ day of _____, 20 _____.

SURVEYOR

OWNER'S ACKNOWLEDGMENT

By this plat and deed, the undersigned hereby creates a division of land, laid out and described as shown on this instrument, and do hereby dedicate road rights of way and perpetual easements twelve (12') feet in width adjacent to lot lines as shown on said plat, for necessary public services and utilities, including roadway, water, sewage, storm drainage, telephone, gas, cable television and electrical services.

In witness whereof, the undersigned ha ___ set _____ hand _____ and seal _____ this _____ day of _____, 20 ____.

TITLEHOLDER OF RECORD

TITLEHOLDER OF RECORD

Print

Print

NOTARIZATION

Before me, the undersigned, a Notary Public in and for Grant County, Indiana, this _____ day of _____, 20 _____, personally appeared the aforementioned _____ and _____ and acknowledge the execution of this plat and deed of easement.

WITNESS, my hand and notarial seal _____ My commission expires: _____
Notary Public

APPROVAL OF AN EXEMPT DIVISION OF LAND

Approved by the Area Plan Department of Grant County, Indiana, this _____ day of _____, 20 _____.

EXECUTIVE DIRECTOR or ZONING ADMINISTRATOR

Print Name

RECORDATION

This document is required to be Recorded in the Office of the Grant County Recorder in accordance with Indiana Code 36-7-4-710 and Areawide Zoning Ordinance Title III.

This instrument prepared by: _____