

ACAD DRAWING NAME: KIRBY 4929 & 4932.DWG

REVISIONS	DESCRIPTION
BRN	DATE:
AL	DATE:

RECORDED IN
 PLAT BOOK 494
 PAGE 94

EASEMENT FOR PROJECT NO.
 HAMILTON PURCHASE, SECTION 35, TOWN 3, FRACTIONAL RANGE 2

PERMANENT EASEMENT
 4929 KIRBY AVENUE
 SHEET 1 OF 1

Carrie Baker
 11/18/2021



4929 KIRBY AV
 4929 KIRBY AV
 227-005-0010
 HARTMAN, SUE A
 227-005-0010
 R.L. 222238

4929 KIRBY AV
 4929 KIRBY AV
 227-005-0010
 THOMAS DAN MASH
 1 THOMAS DAN MASH
 OR 14389 PG 2888
 04/12/2021

DESIGNATION ACCEPTABLE
 HAMILTON COUNTY ENGINEER
 Title: _____
 CESS: _____

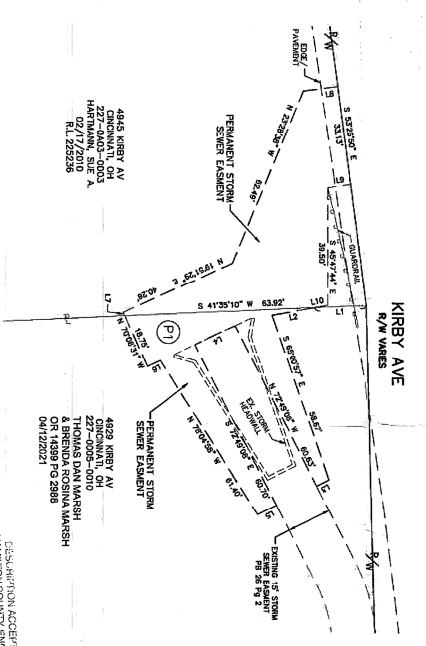
RIGHT-OF-WAY _____
 PROPERTY LINE _____
 PERMANENT EASEMENT _____

LEGEND

LINE	BEARING	DISTANCE
L1	S 89°52'00" W	17.00'
L2	S 89°52'00" W	17.00'
L3	S 71°05'20" W	4.88'
L4	S 71°05'20" W	15.00'
L5	S 89°52'00" W	4.75'
L6	S 89°52'00" W	4.75'
L7	N 89°52'00" E	17.00'
L8	S 89°52'00" W	7.71'
L9	S 89°52'00" W	4.75'
L10	S 89°52'00" W	4.75'

ACCEPTANCE:
 NOT NET ASSESSED BY COUNCIL OF THE CITY OF CINCINNATI. ORDINANCE TO BE SUBMITTED AND WILL BE RECORDED SEPARATELY BY SAID COUNCIL'S ACCEPTANCE.
 ACCEPTED AS CERTIFIED BELOW.
 I HEREBY CERTIFY THAT THIS PLAT WAS ACCEPTED BY ORDINANCE NO. _____ DAY OF _____ 2021, A.D.
 CLERK OF COUNCIL _____ DATE _____

PARCEL NO.	DESCRIPTION	AREA
227-005-0010	P1	1577 SQ. FT.



BE IT REMEMBERED THAT ON THIS _____ DAY OF _____ 2021, I, _____, HAVING BEEN DULY SWORN, DO HEREBY CERTIFY THAT THE FOREGOING PLAT WAS PREPARED BY ME OR UNDER MY CLOSE PERSONAL SUPERVISION AND THAT I AM A RESIDENT OF THE COUNTY OF HAMILTON, STATE OF OHIO, AND THAT THE SAID PLAT WAS PREPARED FOR THE PURPOSES AND IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5303.02 OF THE OHIO REVISED CODE, AND THAT THE SAID PLAT WAS PREPARED BY ME OR UNDER MY CLOSE PERSONAL SUPERVISION AND THAT I AM A RESIDENT OF THE COUNTY OF HAMILTON, STATE OF OHIO, AND THAT THE SAID PLAT WAS PREPARED FOR THE PURPOSES AND IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5303.02 OF THE OHIO REVISED CODE, AND THAT THE SAID PLAT WAS PREPARED BY ME OR UNDER MY CLOSE PERSONAL SUPERVISION AND THAT I AM A RESIDENT OF THE COUNTY OF HAMILTON, STATE OF OHIO, AND THAT THE SAID PLAT WAS PREPARED FOR THE PURPOSES AND IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5303.02 OF THE OHIO REVISED CODE.

Transfer Not Necessary
 Bridget Kelly
 Hamilton County Auditor

APPROVED:
 CITY STORMWATER MANAGEMENT ENGINEER
 ASSISTANT CITY SOLICITOR

DATE: 5-3-22
 DATE: 3/12/2025

INDIVIDUAL OWNER:
 PRINTED NAME OF OWNER/SPOUSE: _____
 SIGNATURE OF OWNER/SPOUSE: _____
 PRINTED NAME OF OWNER/SPOUSE: _____
 SIGNATURE OF OWNER/SPOUSE: _____

ANY DEVIATION FROM THE ASSIGNED RESTRICTIONS SHALL BE RETURNED TO THE GRANTEE OR THEIR ASSIGNS. EACH SUCH REQUEST SHALL BE CONSIDERED AN INDIVIDUAL BASIS WITH APPROVAL, NOT BEING UNDESIRABLY WITHHELD.

NO STRUCTURE OF ANY KIND WHICH CAN INTERFERE WITH ACCESS TO SAID PUBLIC STORM SEWER OR OTHER UTILITIES SHALL BE CONSTRUCTED ON THE PROPERTY. THE GRANTEE SHALL MAINTAIN AND REPAIR SAID UTILITIES AND SHALL BE RESPONSIBLE FOR THE COSTS OF SUCH MAINTENANCE AND REPAIR. THE GRANTEE SHALL MAINTAIN AND REPAIR SAID UTILITIES AND SHALL BE RESPONSIBLE FOR THE COSTS OF SUCH MAINTENANCE AND REPAIR. THE GRANTEE SHALL MAINTAIN AND REPAIR SAID UTILITIES AND SHALL BE RESPONSIBLE FOR THE COSTS OF SUCH MAINTENANCE AND REPAIR.