

RESOLUTION 2019- 50**A RESOLUTION PROVIDING FOR AND AUTHORIZING REMOVAL OF VEGETATION,
GARBAGE, REFUSE AND OTHER DEBRIS
AND DECLARING A NUISANCE FOR THE PROPERTY LOCATED AT
4545 EAST GALBRAITH ROAD, SYCAMORE TOWNSHIP, OHIO 45236**

WHEREAS, Ohio Revised Code §505.87 provides that a Board of Township Trustees may provide for the abatement and control over the removal of vegetation, garbage, refuse and other debris from land located in the Township; and

WHEREAS, the Board of Township Trustees of Sycamore Township has determined the unattended vegetation, garbage, refuse and other debris on the property located at 4545 EAST GALBRAITH ROAD, Sycamore Township, Ohio 45236, Auditor's Parcel Number: 060002100098 and Sycamore Township Control Number: SYCC190116 is a nuisance;

NOW THEREFORE, Be It Resolved by the Board of Township Trustees, Sycamore Township, Ohio:

- Section 1.** That the vegetation, garbage, refuse and other debris located on the property at 4545 EAST GALBRAITH ROAD, Sycamore Township, Ohio 45236, Auditor's Parcel Number 060002100098 is hereby declared to be a nuisance.
- Section 2.** Pursuant to O.R.C. §505.87, the owners and lien holders of record for the property shall be properly notified of this action and given seven days to abate the nuisance.
- Section 3.** In the event the nuisance is not abated within the time period allowed, the maintenance department of the Township, or other designated party, is hereby directed to cut the vegetation and remove and discard the unattended garbage, refuse and other debris at the property located at 4545 EAST GALBRAITH ROAD, Sycamore Township, Ohio 45236, Auditor's Parcel Number 060002100098 and Sycamore Township Control Number SYCC190116.
- Section 4.** The owner of the property at 4545 EAST GALBRAITH ROAD, Sycamore Township, Ohio 45236, Auditor's Parcel Number 060002100098 shall be billed for such services and the Fiscal Officer shall place a special assessment on the real estate tax bill of the property if payment is not made within thirty days.
- Section 5.** The Trustees of Sycamore Township upon majority vote do hereby dispense with any requirement that this resolution be read on two separate days, and hereby authorize the adoption of this resolution upon its first reading.
- Section 6.** This Resolution shall take effect on the earliest date allowed by law.

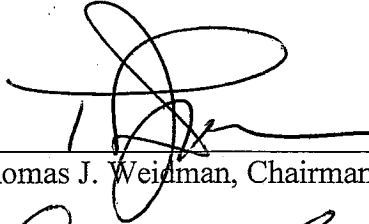
VOTE RECORD:

Mr. Connor – Aye

Mr. LaBarbara – Aye

Mr. Weidman – Aye

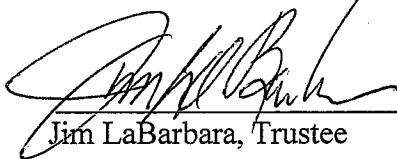
PASSED this 30th day of April, 2019.



Thomas J. Weidman, Chairman



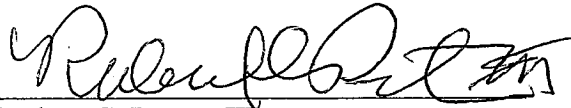
Dennis W. Connor, Vice Chairman



Jim LaBarbara, Trustee

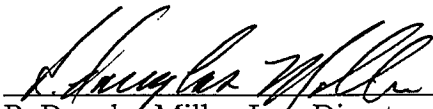
AUTHENTICATION

This is to certify that this resolution was duly passed, and filed with the Sycamore Township Fiscal Officer, this 30th day of April, 2019.

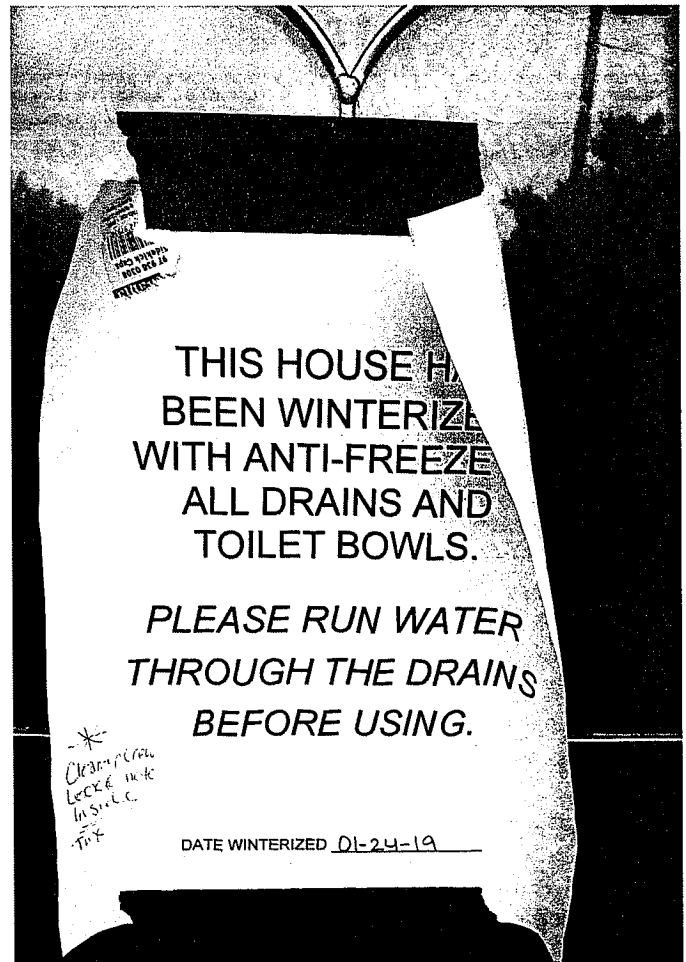
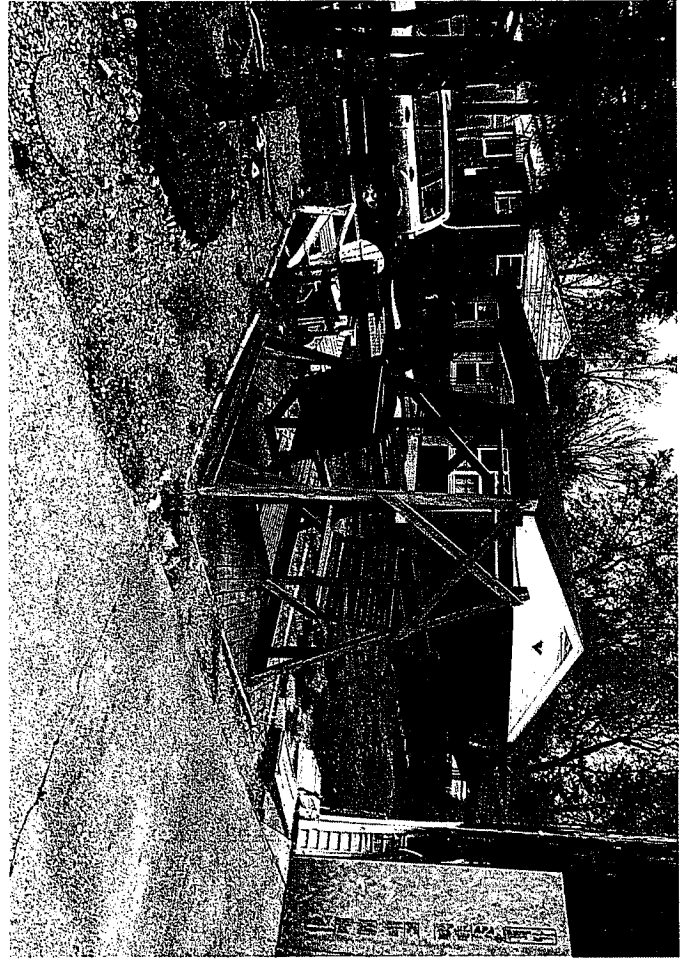
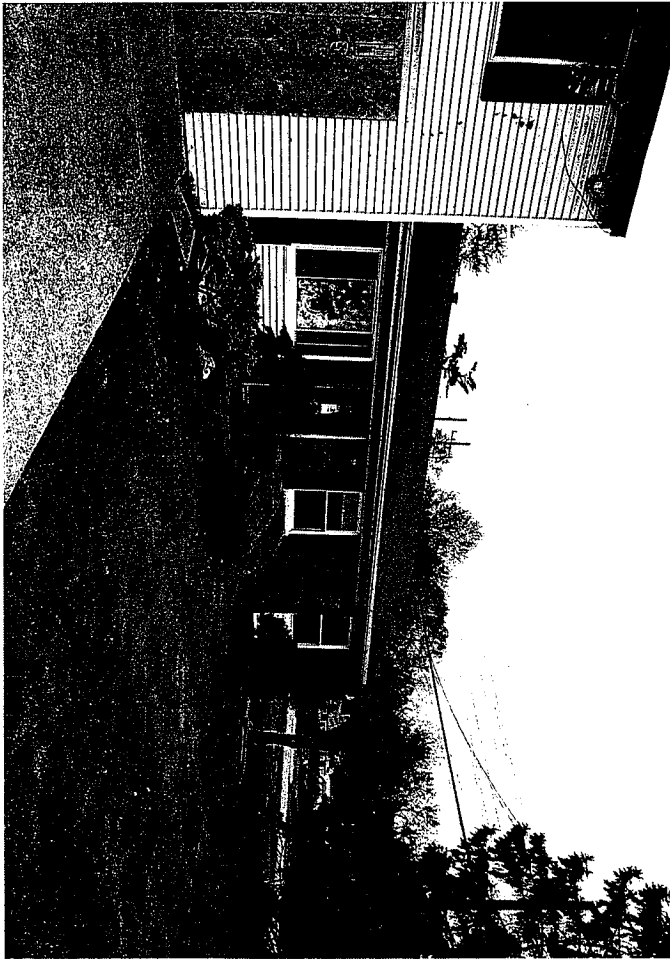


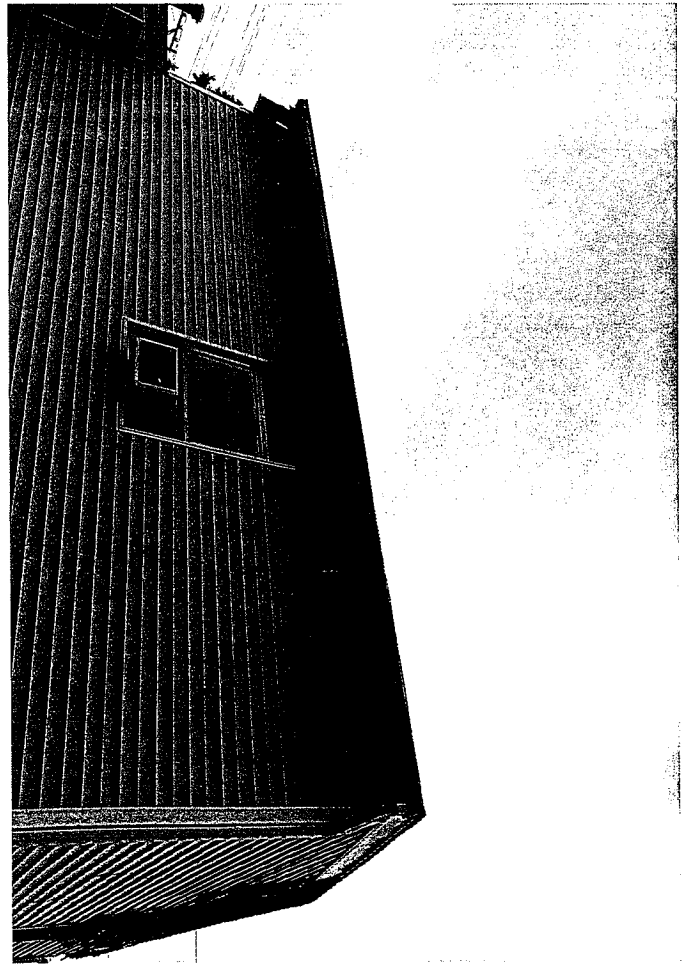
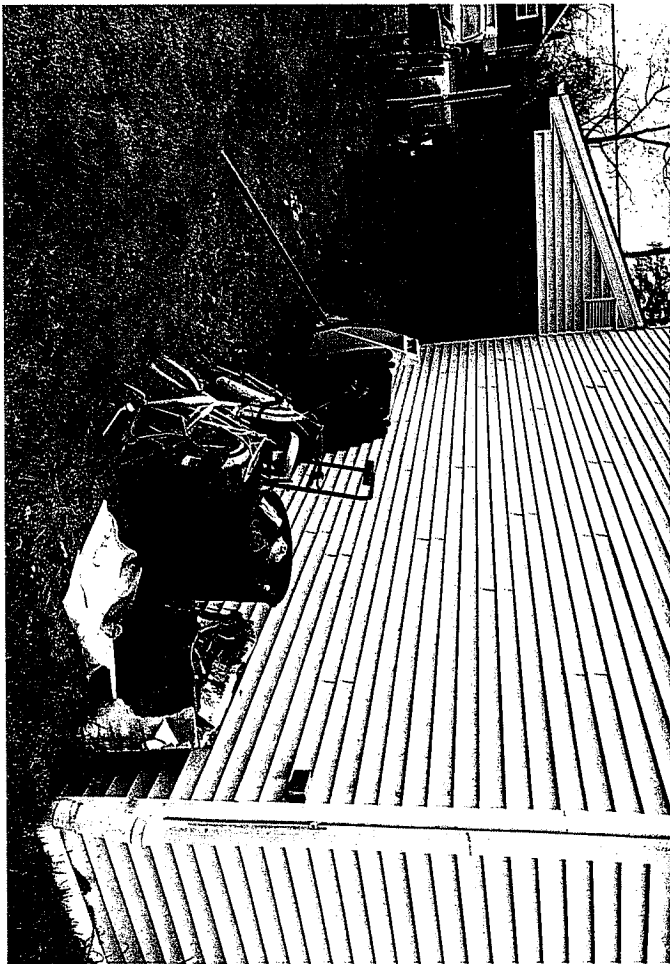
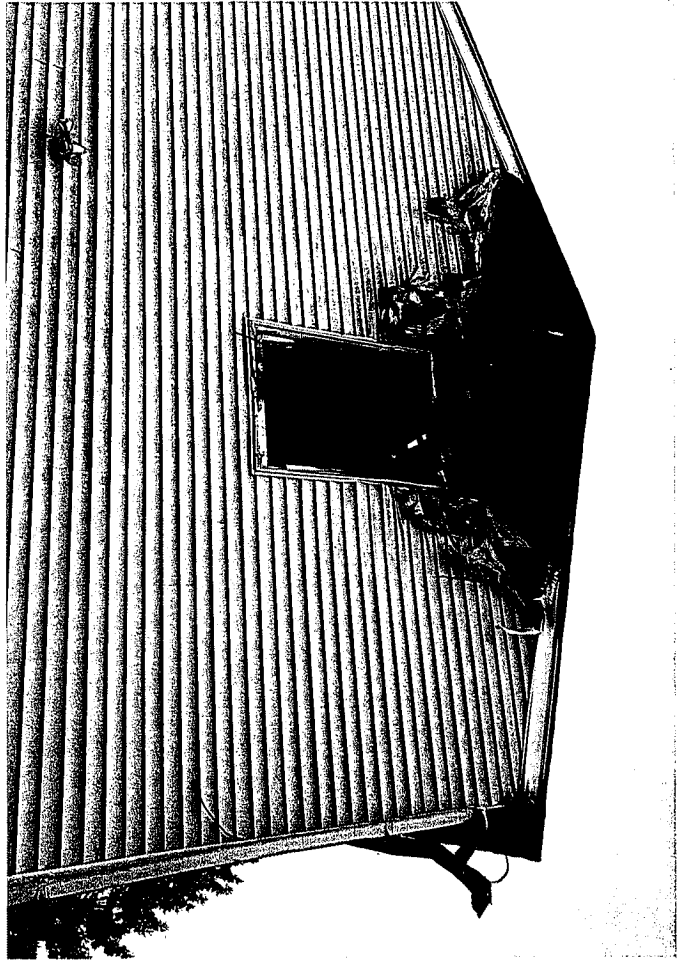
Robert C. Porter, III
Sycamore Township Fiscal Officer

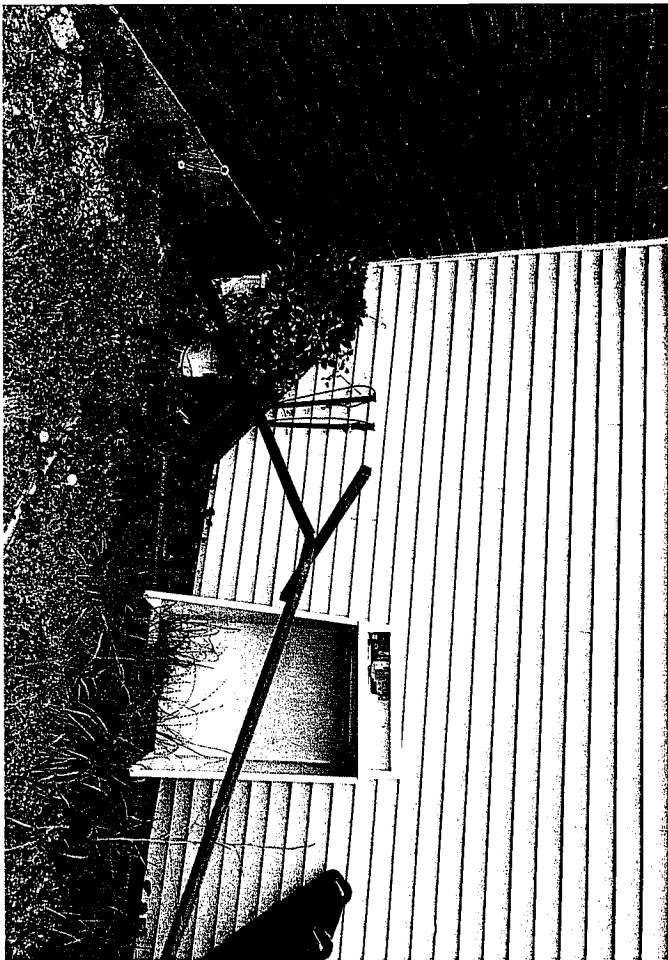
APPROVED AS TO FORM:




R. Douglas Miller, Law Director







DANGER 

Notice of Hazardous Condition

Name _____
 Address _____
 Apt. No. _____
 Town/City _____ State _____ ZIP _____
 Phone _____
 Meter Number _____

GAS TURNED OFF AT:

<input type="checkbox"/> Meter	<input type="checkbox"/> Clothes Dryer
<input type="checkbox"/> Furnace	<input type="checkbox"/> Oven/Stove
<input type="checkbox"/> Water Valve Locked	<input type="checkbox"/> Fireplace
<input type="checkbox"/> Water Heater	<input type="checkbox"/> Pool Heater
<input type="checkbox"/> Appliances Disconnected	
<input type="checkbox"/> Other (Specify): _____	
<input type="checkbox"/> Isolation valve closed and wrapped with warning tape	

CONDITION(S) FOUND:

<input type="checkbox"/> Improper Venting	<input type="checkbox"/> Leak Appliance Connector
<input type="checkbox"/> Unvented	<input type="checkbox"/> Gas Leak at Appliance
<input type="checkbox"/> Obstructed Fuel Vent	<input type="checkbox"/> No Pilot Safety Control
<input type="checkbox"/> Venting Deteriorated	<input type="checkbox"/> Defective Pilot Safety Control
<input type="checkbox"/> No Draft Diverter	<input type="checkbox"/> Defective Heat Exchanger
<input type="checkbox"/> Improper Draft Diverter	<input type="checkbox"/> No Limit Control
<input type="checkbox"/> Inadequate Combustion Air	<input type="checkbox"/> Defective Limit Control
<input type="checkbox"/> No Relief Valve	<input type="checkbox"/> Improper Ignition
<input type="checkbox"/> Defective Control Valve	<input type="checkbox"/> Overheating
<input type="checkbox"/> Gas Leaky Piping	<input type="checkbox"/> Spillage
<input type="checkbox"/> Other (Specify): _____	

Comments: Check Pilot

Service Technician: 273037 Date: 10-1-11

If you have any questions,
 please call us at the following toll-free number: 800.634.4300

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