

I, or (s) that a security bond in the amount of \$_____ has been posted with the Planning Commission to ensure completion of all required improvements in case of default.

Authorized Representative _____ Date _____
 Dyer County Health Officer or his Authorized Representative _____ Date _____

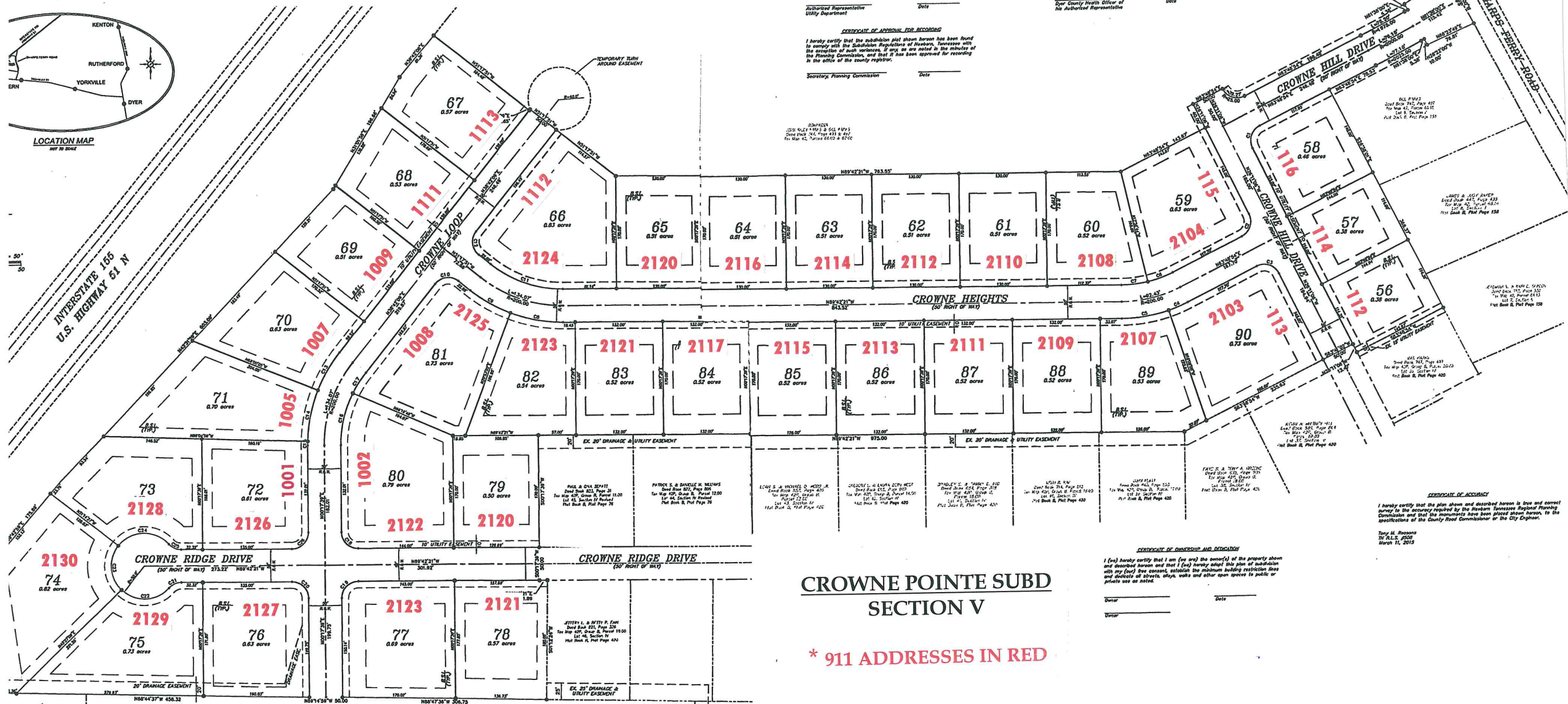
CERTIFICATE OF APPROVAL FOR RECORDING
 I hereby certify that the subdivision plat shown herein has been found to comply with the Subdivision Regulations of Madison, Tennessee with the exception of such variances, if any, as are noted in the minutes of the Planning Commission, and that it has been approved for recording in the office of the county register.

Secretary, Planning Commission _____ Date _____

I hereby certify that the water supply and sewage disposal utility systems available or proposed for installation, in the subdivision plat outlined on these Public Utilities, Section V, fully meet the requirements of Tennessee State Health Department and are hereby approved as shown.

Dyer County Health Officer or his Authorized Representative _____ Date _____

Scale: 1" = 20' (1:200)
 Date: _____



CROWNE POINTE SUBD SECTION V

*** 911 ADDRESSES IN RED**

CERTIFICATE OF ACCURACY
 I hereby certify that the plan shown and described herein is true and correct survey to the accuracy required by the Madison Tennessee Regional Planning Commission and that the monuments have been placed shown herein, in the specifications of the County Road Commissioner or the City Engineer.

Tom M. Reynolds
 T.M.R. #508
 March 14, 2018

CERTIFICATE OF OWNERSHIP AND REDUCTION
 I (we) hereby certify that I am (we are) the owner(s) of the property shown and described herein and that I (we) hereby adopt this plan of subdivision with my (our) true consent, establish the minimum building restriction lines and dedicate all streets, alleys, walks and other open spaces to public or private use as noted.

Owner _____ Date _____
 Owner _____ Date _____