

VILLAGE OF NORTHFIELD ORDINANCE NO. 2014-50
AN EMERGENCY ORDINANCE ESTABLISHING CHAPTER 1446 OF THE BUILDING
AND HOUSING CODE RELATING TO RENTAL CERTIFICATES FOR RENTED
SINGLE-FAMILY DWELLINGS

WHEREAS, in order to assist with preserving housing stock and property values in the Village and the appearance of the Village's residential neighborhoods, the Mayor, Council, and Building and Zoning Department want to establish an exterior maintenance inspection program for single-family rental properties in the Village; and

WHEREAS, Council desires to establish Chapter 1446 of the Building and Housing Code to institute such program.

NOW, THEREFORE, BE IT ORDAINED by the Council of the Village of Northfield, County of Summit, and State of Ohio:

SECTION 1. That Council hereby establishes Chapter 1446 of the Building and Housing Code, as is indicated in the attachment hereto that is incorporated herein by reference.

SECTION 2. That the rest and remainder of the Codified Ordinances of the Village of Northfield shall remain as presently drafted unless inconsistent herewith.

SECTION 3. That it is found and determined that all formal actions of this Council concerning and relating to the adoption of this Ordinance were rendered in an open meeting of this Council and were in compliance with all legal requirements.

SECTION 4. That this Ordinance is hereby declared to be an emergency measure necessary for the public peace, health and welfare of the residents of the Village of Northfield for the reason that it will assist with the preservation of property values and improving the appearance of residential neighborhoods in the Village, and that this Ordinance shall take immediate effect upon its signature by the Mayor, or upon the expiration of time within which it may be disapproved by the Mayor, or upon its passage after its disapproval by the Mayor, as the case may be, pursuant to Village of Northfield Charter Section 4.11.

IN WITNESS WHEREOF, we have hereunto set our hands this 8th day of October, 2014.

Beatrice Greenlee
Bea Greenlee, President Pro-Tem of Council

Jesse J. Nehez
Jesse J. Nehez, Mayor

Approved as to Legal Form.

Bradric T. Bryan
Bradric T. Bryan, Director of Law

I, Clerk of Council of the Village of Northfield, Summit County, Ohio, do hereby certify that the foregoing Ordinance was duly and regularly passed by Council at a meeting held on the 8th day of October, 2014.

Luz M. Rodriguez
Clerk of Council

CHAPTER 1446

Rental Certificate and Exterior Inspection Rental Certificate for Rented Single-Family Dwellings

1446.01 RENTAL CERTIFICATE.

On or after July 1, 2015, no single-family residential dwelling structure shall be rented or presently occupied under a rental agreement, whether written or oral, unless the Building and Zoning Inspector has issued to the owner or authorized agent of the property owner, a Rental Certificate and Exterior Inspection Rental Certificate. Rental Certificates shall be effective until June 30 of the year after the year in which the Rental Certificate is issued.

(a) In order to obtain a Rental Certificate, the owner of the property, or his, her, or its authorized agent, shall, prior to May 1, 2015 and May 1 of each subsequent year, or 60 days prior to the commencement of a lease term for properties to be first rented after July 1, 2015, submit a completed Rental Certificate Application, which includes a request for an Exterior Inspection or statement that such inspection is not required pursuant to the requirements of this chapter, on the Rental Certificate Application form available from the Building and Zoning Department, along with the required application fee in the amount of \$100.00. The above fee will cover the Rental Certificate Application fee, the initial property inspection, and the first inspection to ensure compliance as to violations noted on the original inspection report. The fee for any required subsequent inspections pertaining to that year's application shall be \$25.00.

(b) On or after July 1, 2015, any owner of property being rented to a tenant that is not in possession of a current Rental Certificate shall be in violation of this chapter.

(c) Upon receipt of the fully completed application and fee by the Building and Zoning Department, an Exterior Rental Certificate inspection shall be scheduled and conducted within 30 days.

(d) The Building and Zoning Inspector shall issue an inspection report within five working days of the date of inspection listing any violations of the maintenance standards contained in the Village's Building and Housing Code existing at the time of the exterior inspection, if any.

(e) Upon completion of the rental inspection, any noted violations posing a risk to the safety of any person occupying the property shall be corrected prior to the issuance of the Exterior Inspection Rental Certificate.

(f) If no violations or minor violations are noted from the inspection, an Exterior Inspection Rental Certificate will be issued, permitting the property to be rented in compliance with this ordinance.

(g) The Building and Zoning Inspector will provide compliance dates for minor violations noted on the inspection report. In the event the violations are not corrected by the compliance dates indicated on the report, the Exterior Inspection Rental Certificate may be revoked by the Building and Zoning Inspector and/or the property owner and/or agent may be considered to be in violation of this chapter.

(h) Properties that are rented subsequent to July 1, 2015 that were not granted Rental Certificates prior to July 1, 2015 must apply for a Rental Certificate at

least 60 days prior to the commencement of a lease and receive a Rental Certificate and Exterior Inspection Rental Certificate prior to the date any tenant moves into the property. Applications not filed prior to the May 1 deadline, or filed subsequent to 60 days prior to the tenant moving into the property shall be charged an additional \$150.00 on top of the \$100.00 application fee.

(i) The requirements of this chapter shall not relieve the property owner from his, her, or its obligation to obtain a Point of Sale Exterior Inspection Certificate in connection with a sale of the property. The receipt of a Point of Sale Exterior Inspection Certificate, and the correction of all violations related thereto, shall relieve the property owner from his, her, or its obligation to obtain an Exterior Inspection Rental Certificate for the calendar year in which the Point of Sale Exterior Inspection Certificate is issued and the year thereafter.

1446.02 RENTAL CERTIFICATE APPLICATIONS.

(a) Rental Certificate applications shall be made annually as set forth above and separately for each dwelling being rented. The information supplied on the application shall include, but not be limited to, the following:

- (1) The address of the property.
- (2) The name, street address, and telephone number of the owner of the property and any authorized agent acting in the owner's stead.
- (3) A photocopy of the owner of the property or authorized agent's driver's license or State ID.
- (4) If the property owner is an entity rather than a person, the title of the person submitting the application and the person responsible for tenant issues related to the property.
- (5) The information required by chapter 896 of the Business Regulation Code.
- (6) The signature of the person submitting the application and the date the application is executed.
- (7) Such other information reasonably deemed necessary by the Building and Zoning Inspector.

(b) The Building and Zoning Inspector may revoke a Rental Certificate if it is discovered that any statement contained in the application is false or inaccurate.

(c) In the event that there is a change in the tenant or tenants occupying the rental unit between the date the Rental Certificate was issued and the date the next Rental Certificate Application is filed, the property owner is required to file an updated report regarding the change in tenant as required by Chapter 896 of the Village's Business Regulation Code.

1446.03 RELIANCE ON RENTAL CERTIFICATE AND EXTERIOR INSPECTION RENTAL CERTIFICATE.

In issuing a Rental Certificate and Exterior Inspection Rental Certificate under this chapter, the Village does not thereby insure, warrant or guarantee to the holder thereof, any tenant of the dwelling, or any other interested party, that such certificate contains all of the violations of the Codified Ordinances of the Village. Such Certificates should be considered by all parties as the Village's best effort to make known to

property owners and tenants of rented single-family dwellings the known exterior maintenance violations on the property at the time the exterior inspection is made and have such identified violations corrected. The language contained in this subsection, or a digest thereof, shall be contained in each Certificate.

1446.99 PENALTY.

Any owner of single-family residential property, or agent thereof, who is required to obtain a Rental Certificate and/or an Exterior Inspection Rental Certificate pursuant to this chapter and fails to obtain such certificate, is guilty of a misdemeanor of the fourth degree and shall be fined not more than two hundred fifty dollars or imprisoned not more than thirty days for each offense.

VILLAGE OF NORTHFIELD ORDINANCE NO. 2014-52

AN EMERGENCY ORDINANCE AMENDING CHAPTER 1490 OF THE BUILDING AND HOUSING CODE RELATING TO MAINTENANCE STANDARDS

WHEREAS, in order to assist with preserving housing stock and property values in the Village and the appearance of the Village's residential neighborhoods, the Mayor, Council, and Building and Zoning Department want to amend Chapter 1490 of the Building and Housing Code relating to maintenance standards.

NOW, THEREFORE, BE IT ORDAINED by the Council of the Village of Northfield, County of Summit, and State of Ohio:

SECTION 1. That Council hereby amends Chapter 1490 of the Building and Housing Code, as is indicated in the attachment hereto that is incorporated herein by reference.

SECTION 2. That the rest and remainder of the Codified Ordinances of the Village of Northfield shall remain as presently drafted unless inconsistent herewith.

SECTION 3. That it is found and determined that all formal actions of this Council concerning and relating to the adoption of this Ordinance were rendered in an open meeting of this Council and were in compliance with all legal requirements.

SECTION 4. That this Ordinance is hereby declared to be an emergency measure necessary for the public peace, health and welfare of the residents of the Village of Northfield for the reason that it will assist with the preservation of property values and improving the appearance of residential neighborhoods in the Village, and that this Ordinance shall take immediate effect upon its signature by the Mayor, or upon the expiration of time within which it may be disapproved by the Mayor, or upon its passage after its disapproval by the Mayor, as the case may be, pursuant to Village of Northfield Charter Section 4.11.

IN WITNESS WHEREOF, we have hereunto set our hands this 8th day of

October, 2014.

Beatrice Greenlee

Bea Greenlee, President Pro-Tem of Council

Jesse J. Nehez

Jesse J. Nehez, Mayor

Approved as to Legal Form.

Bradric T. Bryan

Bradric T. Bryan, Director of Law

I, Clerk of Council of the Village of Northfield, Summit County, Ohio, do hereby certify that the foregoing Ordinance was duly and regularly passed by Council at a meeting held on the 8th day of October, 2014.

Lisa M. Rodriguez
Clerk of Council

CHAPTER 1490
Maintenance Standards

1490.01 RESPONSIBILITIES OF OWNERS AND OCCUPANTS.

(a) Owners. The owner of every human habitation, building, structure or premises shall be responsible for maintaining it in a clean and sanitary condition and in compliance with this chapter.

(b) Occupants. The occupant of any human habitation, building, structure or premises shall also be responsible for maintaining in a clean and sanitary condition and in compliance with this chapter, the parts of the habitation, building, structure or premises which he or she occupies or controls.

1490.015 ADDRESS MUST BE VISABLE FROM STREET.

Homeowners and occupants are responsible for posting the address of the home in a manner that is visible from the street and in compliance with the requirements set forth in chapters 1474 and 1475 of the Building and Housing Code.

1490.02 GENERAL MAINTENANCE REQUIREMENTS.

(a) All human habitations, buildings and other structures, and all parts thereof, both exterior and interior, shall be maintained in good repair and shall be capable of performing the function for which the structure, or part or any feature thereof, was designed or intended to be used.

(b) All equipment and facilities appurtenant to such structures shall be maintained in good and safe working order.

1490.025 MAIN SANITARY SEWER LINES.

The main sanitary sewer line on the property running into any structure shall be maintained in a structurally sound condition and in good repair and shall not be broken, cracked, or infested with tree roots.

1490.03 FOUNDATIONS.

(a) All foundations of any human habitation or of any building shall be maintained in a structurally sound condition and in good repair.

(b) All foundations of any human habitation or of any building shall be maintained in such condition as to prevent seepage or leakage of water into the space enclosed within such foundations.

(c) All openings into the foundations of any human habitation or of any building shall be protected against the entrance of rodents.

(d) Where parts of any human habitation and of any building supported on masonry piers require substantial repair or replacement due to sagging, settling, or

failure of supporting piers, the same shall be replaced with a foundation conforming to the Building Code of the Village.

1490.035 MAIN ELECTRIC LINES.

The main electric line on the property running into any structure shall be maintained in a structurally sound condition and in good repair and working order.

1490.04 ROOFS, GUTTERS AND DOWNSPOUTS.

(a) All roofs of any human habitation and of any building shall be maintained weathertight and in a structurally sound condition and good repair, and roof drainage shall be handled by suitable collectors and downspouts that are in sound condition and good repair that are connected to a public storm sewer. Where a storm sewer or other storm drainage outlet is not available, downspouts may discharge onto splash blocks or other devices, provided that no excess water will flow onto adjoining property or over sidewalks. Connection of any pipe carrying roof water or yard drainage to a sanitary sewer is prohibited.

(b) Notwithstanding the requirement for gutters to be connected to a public storm sewer set forth in subsection (a) hereof, gutters may be connected to rain barrels upon receipt of prior written approval from the Building and Zoning Inspector for a rain barrel connection at that specific address.

1490.045 STORAGE AREAS.

All human habitations shall have a garage or shed on the property in conformance with the Village's Codified Ordinances that is capable of properly storing garbage and rubbish between garbage pick-up days.

1490.05 MAINTENANCE OF EXTERIORS.

(a) All exterior walls of any human habitation and of any building shall be maintained weathertight, in a structurally sound condition and good repair, ~~so as to resist~~ and capable of resisting decay or deterioration from any cause.

(b) Any human habitation, building, fence or other structure whose exterior surface is bare, deteriorated, decayed, disintegrated or in poor condition must be repaired or razed.

- (1) All buckled, broken, rotted or decayed walls, doors, windows, porches, fences, floors, steps, railings, posts, sills, trim and their missing members must be replaced and put in good condition.
- (2) All replacements must match and conform to the original design or be replaced completely.
- (3) All exterior wood or exterior unfinished surfaces must be sealed and painted, or the surface covered with other approved protective coating, or treated to prevent rot and decay, and conform to and match the existing paint or surface covering and the original design or a replacement thereof. All exterior walls and surfaces must be properly protected against the weather where such are defective or

lack weather protection, including lack of paint or surface covering, or have deteriorated due to lack of proper protective covering.

(c) Any human habitation, building or structure whose exterior surface is deteriorated, decayed or disintegrated, or whose exterior surface is weathered with dirt and or grime, or has been impaired through peeling or flaking of the paint or other protective coating, shall be replaced, repaired, repainted or resurfaced.

- (1) All exterior surfaces shall be replaced or repaired in good condition before repainting or coating.
- (2) All bare exterior surfaces which are flaking or crumbling shall be replaced or sealed in a good, workmanlike manner.
- (3) All new or repaired bare surfaces shall be painted or coated.

1490.055 DRIVEWAYS, WALKWAYS AND PUBLIC SIDEWALKS.

All driveways shall be concrete or asphalt and conform to the requirements set forth in sections 1266.07 and 1442.14 of these Codified Ordinances. All driveways, parking areas, public sidewalks, and private walkways shall be in good condition and sound repair and free of holes, cracks, deteriorated sections, or trip hazards.

1490.06 INFESTATION BY PETS.

All premises shall be maintained free from sources of breeding, harborage and infestation by insects, vermin or rodents.

1490.065 TREES AND SHRUBS.

(a) Trees and shrubs on residential property shall be maintained in living condition and free of disease.

(b) Trees and shrubs that are dead, diseased, or have fallen shall be removed from the property.

(c) Trees or shrubs that are in such condition that they are causing damage to or posing a danger to any structure on the property on which they are situated or causing damage or posing a danger to any neighboring property, shall be removed or trimmed so as to reasonably abate the damaging or dangerous condition.

(d) Trees and shrubs that are overgrown and untrimmed shall be cut back and trimmed so as not to be unsightly or cause a nuisance to the property on which they are located or neighboring properties.

1490.07 CONTAINMENT OF TRASH AND DEBRIS AT CONSTRUCTION SITE.

(a) All trash and debris associated with or resulting from construction of either residential, commercial or industrial structures shall be contained on the construction site in a stable and secure enclosure approved by the Building and Zoning Inspector. The building permit holder shall maintain the enclosure and site so as to control litter and debris at all times and remove and dispose of the debris in a an approved landfill. The enclosure shall be kept behind or within the structure unless it is not accessible for disposal. In the event it is not accessible for disposal, the enclosure shall be placed in

the least visible accessible location, which shall be determined by the Building and Zoning Inspector. The enclosure shall be removed from the site prior to the issuance of the occupancy permit.

(b) Violations occurring as a result of noncompliance with the provisions of subsection (a) hereof may result in the issuance of a stop-work order until the site is brought into compliance.

1490.075 EXTERIOR PROPERTY AREAS.

(a) No owner, operator or tenant of any premises shall maintain or permit to be maintained at or on the exterior property areas of such premises any condition which deteriorates or debases the appearance of the neighborhood or creates a fire, safety or health hazard, including, but not limited to, the following:

- (1) Broken or dilapidated fences, walls or other structures;
- (2) Broken, uneven or improperly maintained walks or driveways;
- (3) Unusable, dilapidated, appliances, trailers, motor vehicles and parts thereof, and boats, and
- (4) Rags, rugs or other materials hung on lines or in other places on such premises, which materials are not being used for general household or housekeeping purposes; broken, dilapidated or unusable furniture, mattresses or other household furnishings; plastic materials, paints, miscellaneous coverings or any other materials, including those described in this section, placed at or on the premises in such a manner as to be patently unsightly, grotesque or offensive to the senses.

(b) Each owner, operator, or tenant of any premises shall maintain his or her lawns and landscaping so as to not to constitute a blighting or deteriorating effect on the neighborhood, and shall not permit weeds or grass to exceed eight inches in height.

(c) In the event the Building and Zoning Inspector determines that an owner, operator or tenant is in violation of this section, the Building and Zoning Inspector shall notify the offender that the violation shall be remedied within ~~ten days~~ a period of time specified by the Building and Zoning Inspector in the violation notice, which shall be not less than 3 days nor more than 90 days, based upon the nature of the violation and the reasonable amount of time needed to remedy the violation. ~~If the Building and Zoning Inspector determines that ten days is not sufficient time in which to remedy the violation, the Building and Zoning Inspector may give the offender up to sixty days to remedy the violation.~~ If the property is not brought into compliance within the time specified by the Building and Zoning Inspector, the owner, operator or tenant shall be deemed to be in violation of this section. Citations for repeat violations of a similar nature on a particular property within a period of one year may be issued in the absence of service of a violation notice.

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**VILLAGE OF NORTHFIELD RESOLUTION NO. 2014-57
AN EMERGENCY RESOLUTION
CONFIRMING THE MAYOR/DIRECTOR OF PUBLIC SAFETY'S APPOINTMENT OF
COURTNEY ROOT AS A PART-TIME FIRE FIGHTER**

WHEREAS, the Officers of the Fire Department have determined that there is a need to add additional members to the Department; and

WHEREAS, Courtney Root previously worked for the Department until she moved out of state and recently moved back to the area; and

WHEREAS, Council desires to confirm the Mayor/Director of Public Safety's appointment of the above individual to the Village's Fire Department.

NOW, THEREFORE, BE IT RESOLVED by the Council of the Village of Northfield, County of Summit, and State of Ohio:

SECTION 1. That the Mayor's appointment of Courtney Root as a Part-Time Fire Fighter with the Northfield Village Fire Department is hereby and herein confirmed. This appointment shall be conditioned upon the completion and passage of the pre-employment physical and drug screen required of new Village employees.

SECTION 2. That said appointment shall involve a one year probationary period pursuant to the terms of Section 11.04 of the Village Charter.

SECTION 3. That all formal actions of this Council concerning and relating to the deliberation and adoption of this Resolution were taken in an open meeting of this Council or any of its committees and were in compliance with all legal requirements.

SECTION 4. That this Resolution is hereby declared to be an emergency measure necessary for the public peace, health, and welfare of the residents of the Village of Northfield, for the reason that it will assist with the proper protection of the Village's residents, and that this Resolution shall take immediate effect upon its signature by the Mayor, or upon the expiration of time within which it may be disapproved by the Mayor, or upon its passage after its disapproval by the Mayor, as the case may be, pursuant to Village of Northfield Charter Section 4.11.

IN WITNESS WHEREOF, we have hereunto set our hands this 8th day of October, 2014.

Beatrice Greenlee
Bea Greenlee, President Pro-Tem of Council

Jesse J. Nehez
Jesse J. Nehez, Mayor

Approved as to Legal Form.

Bradric T. Bryan
Bradric T. Bryan, Director of Law

I, Clerk of Council of the Village of Northfield, Summit County, Ohio, do hereby certify that the foregoing Resolution was duly and regularly passed by Council at a meeting held on the 8th day of October, 2014.

Lisa M. Rodriguez
Clerk of Council

VILLAGE OF NORTHFIELD RESOLUTION NO. 2014-60
AN EMERGENCY RESOLUTION AUTHORIZING THE MAYOR TO ENTER INTO
AGREEMENTS FOR EMPLOYEE MEDICAL, DENTAL, AND VISION COVERAGE

WHEREAS, the Village's employee medical, dental, and vision coverage expires on October 31, 2014; and

WHEREAS, the Village's health care consultant, Michael Troyan of TMC Employee Benefits Group, has examined options related to the renewal of such coverage; and

WHEREAS, Council has decided to authorize the Mayor to enter into agreements with COSE and Medical Mutual of Ohio for the provision of employee medical and prescription coverage, Guardian Dental for dental coverage, and Guardian-Davis Vision for vision coverage for the period from November 1, 2014 through October 31, 2015.

NOW, THEREFORE, BE IT RESOLVED by the Council of the Village of Northfield, County of Summit, and State of Ohio:

SECTION 1. That Council hereby and herein authorizes the Mayor to enter into agreements with COSE and Medical Mutual of Ohio for the provision of employee medical and prescription coverage; Guardian Dental for dental coverage; and Guardian-Davis Vision for vision coverage; for the period from Nov. 1, 2014 through Oct. 31, 2015, pursuant to the plans, rates, and coverage provisions specified in the attachments hereto.

SECTION 2. That all formal actions of this Council concerning and relating to the passage of this Resolution were taken at an open meeting of this Council, and all deliberations of this Council and/or any committees that resulted in those formal actions were taken in meetings open to the public in compliance with the law.

SECTION 3. That this Resolution is hereby declared to be an emergency measure necessary for the public peace, health, and welfare of the residents of the Village of Northfield for the reason that it will assist the Village in attracting and maintaining a quality and healthy work force, and that this Resolution shall take immediate effect upon its signature by the Mayor, or upon the expiration of time within which it may be disapproved by the Mayor, or upon its passage after its disapproval by the Mayor, as the case may be, pursuant to Village of Northfield Charter Section 4.11.

IN WITNESS WHEREOF, we have hereunto set our hands this 8th day of October, 2014.

Beatrice Greenlee
Bea Greenlee, President Pro-Tem of Council

Jesse J. Nehez
Jesse J. Nehez, Mayor

Approved as to Legal Form.

Bradric T. Bryan
Bradric T. Bryan, Director of Law

I, Clerk of Council of the Village of Northfield, Summit County, Ohio, hereby certify that the foregoing Resolution was duly and regularly passed by Council at a meeting held on the 8th day of October, 2014.

Lisa M. Rodriguez
Clerk of Council

Village of Northfield Healthcare Renewal

October 7, 2014



2014 Healthcare Renewal For Village of Northfield

Service Category	M/MO COSE MOP 90		M/MO ACA 2020-250	
	Network	Non-Network	Network	Non-Network
Deductible	\$0	\$250/\$500	\$250/\$500	\$500/\$1,000
PCP office visit	\$20	\$25/70%	\$20	60%
Specialist office visit	\$20	\$25/70%	\$40	60%
Coinsurance %	90%	70%	80%	60%
Emergency use of ER		\$150/90%		\$250/80%
Urgent Care	\$35	\$35/70%	\$40	60%
Out of Pocket Max.	\$1,250/\$2,500	\$3000/\$6000	\$1,750/\$3,500	\$5,000/\$10,000
Prescription Drug	\$10/\$20/\$40		\$10/\$20/\$40/20%	
Mail Order Drug	\$30/\$60/\$120		\$30/\$60/\$120/20%	
Current Premium	\$18,421.00			
Renewal Premium	\$19,349.00	5%	\$20,596.00	12%

Rates are based on 15 employees and an November 1, 2014 effective date
 *M/MO ACA rates are subject to change based on tobacco use status.



2014-2015 30-30-12-13, REVISED FROM 2013

**Village of Northfield
Guardian Dental Renewal
2014**

Plan Features	Guardian	
Deductible Single/Family	\$50/\$150	\$50/\$150
Coinsurance Percentage Preventative Basic Major	100%	100%
	80%	80%
	50%	50%
Calendar Year Max.	\$1,500	
Orthodontia Coinsurance	50%	50%
	Lifetime Max. \$1,000	
Premium Rates: Single Emp/Spouse Emp/Child Family	Current	Renewal
	\$25.41	\$26.68
	\$59.79	\$62.78
	\$81.95	\$86.05
\$116.33	\$122.15	
Percent of Increase	5%	

Rates are effective November 1, 2014

**Village of Northfield
Vision Renewal
2014**

Guardian - Davis Vision

Benefits	Network	Non-Network
Benefit Period	January 1st thru December 31st	
Examinations	One per benefit period	
Vision Exams	\$10 copay	Reimbursed up to \$50
Frames	One per two benefit periods	
Basic Frames	Up to \$135 retail	Reimbursed up to \$48
Prescription Lenses	One per benefit period	
Single Vision Lenses	\$10 Co-pay then covered in full	Reimbursed up to \$48
Bifocal Lenses	\$10 Co-pay then covered in full	Reimbursed up to \$67
Trifocal Lenses	\$10 Co-pay then covered in full	Reimbursed up to \$86
Contacts in lieu of Lenses	One per benefit period	
	\$135 allowance	\$105 allowance

	Current	Renewal
Single	\$7.59	\$8.05
Emp+Spouse	\$12.78	\$13.55
Emp+Child	\$13.03	\$13.81
Family	\$20.62	\$21.86
Percent of Increase		6%



Village of Northfield 2014 Rate Table

Current							Renewal	
Category Type	Count	Rate	Discount	Value	Subtotal	Subtotal	Monthly Total	
Single	4	\$577.90	\$25.41	\$7.59	\$610.90		\$2,443.60	
Emp/Spouse	2	\$1,155.80	\$59.79	\$12.78	\$1,228.37		\$2,456.74	
Emp & Child	0	\$807.05	\$81.95	\$13.03	\$902.03		\$0.00	
Emp + 2 Children	0	\$1,037.25	\$81.95	\$13.03	\$1,132.23		\$0.00	
Emp + 3 or more Children	1	\$1,352.54	\$81.95	\$13.03	\$1,447.52		\$1,447.52	
Emp/Spouse & Child	2	\$1,384.30	\$116.33	\$20.62	\$1,521.25		\$3,042.50	
Emp/Spouse 2 Children	6	\$1,612.80	\$116.33	\$20.62	\$1,749.75		\$10,498.50	
Emp/Spouse 3 or more Children	0	\$1,934.81	\$116.33	\$20.62	\$2,071.76		\$0.00	
Totals								\$19,888.86
Renewal								
Category Type	Count	Rate	Discount	Value	Subtotal	Subtotal	Monthly Total	
Single	4	\$605.71	\$26.68	\$8.05	\$640.44		\$2,561.76	
Emp/Spouse	2	\$1,211.42	\$62.78	\$13.55	\$1,287.75		\$2,575.50	
Emp & Child	0	\$847.52	\$86.05	\$13.81	\$933.57		\$0.00	
Emp + 2 Children	0	\$1,089.33	\$86.05	\$13.81	\$1,189.19		\$0.00	
Emp + 3 or more Children	1	\$1,426.18	\$86.05	\$13.81	\$1,526.04		\$1,526.04	
Emp/Spouse & Child	2	\$1,453.23	\$122.15	\$21.86	\$1,597.24		\$3,194.48	
Emp/Spouse 2 Children	6	\$1,695.04	\$122.15	\$21.86	\$1,839.05		\$11,034.30	
Emp/Spouse 3 or more Children	0	\$2,031.89	\$122.15	\$21.86	\$2,175.90		\$0.00	
Totals								\$20,892.08

Medical Mutual : SMP MOP 90

Summary of Benefits and Coverage: What This Plan Covers & What it Costs

Coverage Period: 11/01/2013 - 10/31/2014

Coverage for: Single or Family | Plan Type: PPO



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at MedMutual.com/SBC or by calling 800.362.7100.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	\$0/single, \$0/family Network \$250/single, \$500/family Non-Network Doesn't apply to coinsurance, copays	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes, \$1,250/single, \$2,500/family Network \$3,000/single, \$6,000/family Non-Network	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is <u>not included</u> in the <u>out-of-pocket limit</u> ?	Copays, deductibles, premiums, balance-billed charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Is there an overall <u>annual limit</u> on what the insurer pays?	Yes, \$5,000,000	This plan will pay for covered services only up to this limit during each coverage period, even if your own need is greater. You're responsible for all expenses above this limit. The chart starting on page 2 describes specific coverage limits, such as limits on the number of office visits.
Does this plan use a <u>network</u> of providers?	Yes, See MedMutual.com/SBC or call 800.362.7100 for a list of participating providers.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	No	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about <u>excluded services</u> .

Questions: Call 800.362.7100 or visit us at MedMutual.com/SBC.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at MedMutual.com/SBC or call 800.362.7100 to request a copy.

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CMS1332500000214-00211

Medical Mutual : SMP MOP 90

Coverage Period: 11/01/2013 - 10/31/2014

Summary of Benefits and Coverage: What This Plan Covers & What it Costs

Coverage for: Single or Family | Plan Type: PPO



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is your share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use Network **providers** by charging you lower **deductibles, copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost If You Use a Non-Network Provider	Limitations and Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 copay/visit	\$25 copay/visit, 30% coinsurance	-----none-----
	Specialist visit	\$20 copay/visit	\$25 copay/visit, 30% coinsurance	-----none-----
	Other practitioner office visit (Chiropractic)	10% coinsurance	30% coinsurance	(12 visits per benefit period)
	Other practitioner office visit (Acupuncture)	Not Covered		Excluded Service
	Preventive care/ screening/ immunization	\$20 copay/visit	50% coinsurance does not apply to out-of-pocket limit	-----none-----
If you have a test	Diagnostic test (x-ray)	No charge	30% coinsurance	-----none-----
	Diagnostic test (blood work)	No charge	30% coinsurance	-----none-----
	Imaging (CT/PET scans, MRIs)	10% coinsurance	30% coinsurance	-----none-----
If you need drugs to treat your illness or condition	Generic copay - retail /Rx	\$10	Does Not Apply	-----none-----
	Generic copay - home delivery /Rx	\$30	Does Not Apply	-----none-----
	Formulary copay - retail /Rx	\$20	Does Not Apply	-----none-----
	Formulary copay - home delivery /Rx	\$60	Does Not Apply	-----none-----
	Non-Formulary copay - retail /Rx	\$40	Does Not Apply	-----none-----
More information about prescription drug coverage is available at MedMutual.com/SBC	Non-Formulary copay - home delivery /Rx	\$120	Does Not Apply	-----none-----

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Medical Mutual : SMP MOP 90

Summary of Benefits and Coverage: What This Plan Covers & What it Costs

Coverage Period: 11/01/2013 - 10/31/2014

Coverage for: Single or Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost If You Use a Non-Network Provider	Limitations and Exceptions
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	30% coinsurance	—none—
	Physician/surgeon fees (Outpatient)	10% coinsurance	30% coinsurance	—none—
If you need immediate medical attention	Emergency room services	\$150 copay/visit, 10% coinsurance	10% coinsurance	—none—
	Emergency medical transportation	\$50 copay/visit, 10% coinsurance	\$50 copay/visit, 30% coinsurance	—none—
	Urgent care	\$35 copay/visit	\$35 copay/visit, 30% coinsurance	—none—
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance	30% coinsurance	—none—
	Physician/ surgeon fee (inpatient)	10% coinsurance	30% coinsurance	—none—
If you have mental health behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$20 copay/visit, 10% coinsurance	\$25 copay/visit, deductible, 30% coinsurance	(20 visits per benefit period, combined with Alcoholism and Drug Abuse Services)
	Mental/Behavioral health inpatient services	10% coinsurance	30% coinsurance	(30 days per benefit period, combined with Alcoholism and Drug Abuse Services)
	Substance use disorder outpatient services (alcoholism)	\$20 copay/visit, 10% coinsurance	\$25 copay/visit, deductible, 30% coinsurance	—none—
	Substance use disorder outpatient services (drug use)	\$20 copay/visit, 10% coinsurance	\$25 copay/visit, deductible, 30% coinsurance	(20 visits per benefit period, combined with Alcoholism and Mental Health Services)
	Substance use disorder inpatient services (alcoholism)	10% coinsurance	30% coinsurance	(30 days per benefit period, combined with Drug Abuse and Mental Health Services; 1 admission per benefit period, combined with Drug Abuse)
	Substance use disorder inpatient services (drug use)	10% coinsurance	30% coinsurance	(30 days per benefit period, combined with Alcoholism and Mental Health Services; 1 admission per benefit period, combined with Alcoholism)

Questions: Call 800.362.7100 or visit us at MedMutual.com/SBC.

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Medical Mutual : SMP MOP 90

Summary of Benefits and Coverage: What This Plan Covers & What it Costs

Coverage Period: 11/01/2013 - 10/31/2014

Coverage for: Single or Family | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost If You Use a Non-Network Provider	Limitations and Exceptions
If you are pregnant	Prenatal and postnatal care	10% coinsurance	30% coinsurance	—none—
	Delivery and all inpatient services	10% coinsurance	30% coinsurance	—none—
If you need help recovering or have other special health needs	Home health care	10% coinsurance	50% coinsurance does not apply to out-of-pocket limit	—none—
	Rehabilitation services (Physical Therapy)	10% coinsurance	30% coinsurance	(40 visits per benefit period, combined with Occupational Therapy)
	Habilitation services (Occupational Therapy)	10% coinsurance	30% coinsurance	(40 visits per benefit period, combined with Physical Therapy)
	Habilitation services (Speech Therapy)	10% coinsurance	30% coinsurance	(20 visits per benefit period)
	Skilled nursing care	10% coinsurance	30% coinsurance	(100 days per benefit period)
	Durable medical equipment	10% coinsurance	30% coinsurance	—none—
	Hospice service	10% coinsurance	50% coinsurance does not apply to out-of-pocket limit	—none—
	Eye exam (Child)	\$20 copay/visit	30% coinsurance	Inclusive with a preventive well child visit
If your child needs dental or eye care	Glasses		Not Covered	Excluded Service
	Dental check-up (Child)		Not Covered	Excluded Service

Questions: Call 800.362.7100 or visit us at MedMutual.com/SBC.

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CMS133250000214-00211

Medical Mutual : SMP MOP 90

Summary of Benefits and Coverage: What This Plan Covers & What It Costs

Coverage Period: 11/01/2013 - 10/31/2014

Coverage for: Single or Family | Plan Type: PPO

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric Surgery
- Cosmetic Surgery
- Dental check-up (Child)
- Dental Care (Adult)
- Glasses
- Hearing Aids
- Infertility Treatment
- Long-Term Care
- Non-emergency care when traveling outside the U.S.
- Routine Eye Care (Adult)
- Routine Foot Care
- Weight Loss Programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic Care
- Private-Duty Nursing

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 800.362.7100. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 866.444.3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 877.267.2323 X61565 or www.ccoio.cms.gov.

Questions: Call 800.362.7100 or visit us at MedMutual.com/SBC.

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Medical Mutual : SMP MOP 90

Summary of Benefits and Coverage: What This Plan Covers & What it Costs

Coverage Period: 11/01/2013 - 10/31/2014

Coverage for: Single or Family | Plan Type: PPO

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact: the plan at 800.362.7100. You may also contact your State Department of Insurance at 800.686.1526.

-----*To see examples of how this plan might cover costs for sample medical situations, see the next page*-----

Questions: Call 800.362.7100 or visit us at MedMutual.com/SBC.
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Medical Mutual : SMP MOP 90
Coverage Examples

Coverage Period: 11/01/2013 - 10/31/2014

Coverage for: Single or Family | Plan Type: PPO

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is
not a cost
estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

- Amount owed to providers: \$7,540
- Plan Pays \$6,600
- Patient Pays \$940

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient Pays:

Deductibles	\$0
Copays	\$40
Coinsurance	\$700
Limits or exclusions	\$200
Total	\$940

These numbers assume that the patient does not use an HRA or FSA. If you participate in an HRA or FSA and use it to pay for out-of-pocket expenses, then your costs may be lower. For more information about your HRA or FSA, please contact your employer group.

Managing Type 2 diabetes
(routine maintenance of
a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan Pays \$4,760
- Patient Pays \$640

Sample care cost:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedure	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient Pays:

Deductibles	\$0
Copays	\$600
Coinsurance	\$0
Limits or exclusions	\$40
Total	\$640

Note: These numbers assume the patient is participating in our diabetes wellness program. If you have diabetes and do not participate in the wellness program, your costs may be higher. For more information about the diabetes wellness program, please contact: 800.362.7100.

Questions: Call 800.362.7100 or visit us at MedMutual.com/SBC.

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Medical Mutual : SMP MOP 90
Coverage Examples

Coverage Period: 11/01/2013 - 10/31/2014

Coverage for: Single or Family | Plan Type: PPO

Questions and answers about Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- Patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

× **No.** Treatments shown are just examples. The care you would receive for this condition could be different, based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

× **No.** Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summaries of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box on each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 800.362.7100 or visit us at MedMutual.com/SBC.

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VILLAGE OF NORTHFIELD RESOLUTION NO. 2014-58

AN EMERGENCY RESOLUTION AUTHORIZING THE OHIO DEPARTMENT OF TRANSPORTATION TO INSTALL AND REPAIR CURB RAMPS ALONG STATE RT. 8

WHEREAS, the State of Ohio and Village of Northfield ("Village") have identified the need for the installation and repair of curb ramps along State Route 8 in the Village of Northfield.

NOW, THEREFORE, BE IT RESOLVED by the Council of the Village of Northfield, County of Summit, and State of Ohio:

SECTION 1. That the Council of the Village of Northfield hereby and herein authorizes the Mayor to contract with the Ohio Director of Transportation to complete the installation and repair of curb ramps along State Route 8 in the Village of Northfield (hereinafter referred to as "PID No. 84563, SUM-S.R.8/82 Var." or the "Project").

SECTION 2. The Village shall cooperate with the Director of Transportation in the above described Project as follows: (1) the State shall assume and bear One Hundred Percent (100%) of the costs of the improvement; and (2) the Village agrees to pay One Hundred Percent (100%) of the cost of any features requested by the Village which are determined by the State and Federal Highway Administration to be unnecessary for the Project.

SECTION 3. The Village agrees that all right-of-way required for the described project will be acquired and/or made available in accordance with current State and Federal regulations. The Village also understands the right-of-way costs include eligible utility costs.

SECTION 4. Upon completion of the described Project, and unless otherwise agreed, the Village shall: (1) provide adequate maintenance for the described Project in accordance with all applicable State and Federal law, including, but not limited to, 23 USC 116; (2) provide ample financial provisions, as necessary, for the maintenance of the Project; (3) maintain the right-of-way, keeping it free of obstructions; and (4) hold said right-of-way inviolate for public highway purposes.

SECTION 5. Jesse J. Nehez, the Mayor of the Village of Northfield, is hereby empowered on behalf of the Village of Northfield to enter into contracts with the Director of Transportation which are necessary to complete the above described Project.

SECTION 6. That all formal actions of this Council concerning and relating to the deliberation and adoption of this Resolution were taken in an open meeting of this Council or any of its committees and were in compliance with all legal requirements.

SECTION 7. That this Resolution is hereby declared to be an emergency measure necessary for the public peace, health and welfare of the residents of the Village of

RESOLUTION NO. 2014-
PAGE TWO

Northfield, for the reason that the within Resolution is necessary in order for ODOT to undertake the Project, and that this Resolution shall take immediate effect upon its signature by the Mayor, or upon the expiration of time within which it may be disapproved by the Mayor, or upon its passage after its disapproval by the Mayor, as the case may be, pursuant to Village of Northfield Charter Section 4.11.

IN WITNESS WHEREOF, we have hereunto set our hands this 8th day of October, 2014.

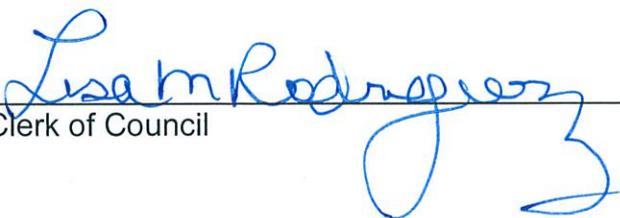

Bea Greenlee, President Pro-Tem of Council


Jesse J. Nehez, Mayor

Approved as to Legal Form.


Bradric T. Bryan, Director of Law

I, Clerk of Council of the Village of Northfield, Summit County, Ohio, do hereby certify that the foregoing Resolution was duly and regularly passed by Council at a meeting held on the 8th day of October, 2014.


Clerk of Council

CERTIFICATE OF COPY
STATE OF OHIO

Village of Northfield of Summit County, Ohio
(LPA)

I, Lisa Rodriguez, as Clerk of the Village of Northfield
(LPA)

of Summit, Ohio, do hereby certify that the forgoing is a true and
correct copy of Res. No. 2014-58 adopted by the legislative Authority of the said
(Ordinance/Resolution)

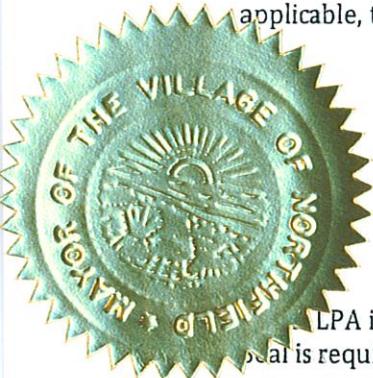
Village of Northfield on the 8th day of October, 20 14
(LPA)

that the publication of such Res. No. 2014-58 has been made and certified of
(Ordinance/Resolution)

record according to law; that no proceedings looking to a referendum upon such
Res. No. 2014-58 have been taken; and that such Res. No. 2014-58
(Ordinance/Resolution) (Ordinance/Resolution)

and certificate of publication thereof are of record in Res. No. 2014 Page 58
(Ordinance/Resolution Record No.)

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal, if
applicable, this 8th day of October, 20 14



Lisa M Rodriguez
Clerk

Village of Northfield, Ohio
(LPA)

(LPA is designated as a City then the "City Seal" is required. If no Seal, then a letter stating "No
Seal is required to accompany the executed legislation.)

The foregoing is accepted as a basis for proceeding with the project herein described.
For the Village of Northfield, Ohio
(LPA)

Attest: [Signature] Mayor, Date 10/8/14

For the State of Ohio

Attest: _____, Date _____
Director, Ohio Department of Transportation