| RE 76 | |  |  | C/R/S | |  | |
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| REV. 06/2011 | |  |  | PARCEL | | - | |
|  | |  |  | PID NO. | |  | |
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| **AGREEMENT FOR CONSTRUCTION**  **NOT IN ACCORDANCE WITH PLAN** | | | | | | | |
|  | |  |  |  | |  | |
| This Agreement made and entered into this Choose an item. day of Select Date, by and between [Insert owner's name] hereinafter called the Owner, and the Department of Transportation of the State of Ohio, hereinafter called ODOT.  WHEREAS, the owner has executed and delivered to ODOT a deed for highway purposes describing that portion of the Owner’s land needed in the improvement of the above-captioned section of highway as shown by plans on file in ODOT. The following changes to the said construction plans are a part of the consideration for said deed.  NOW THEREFORE, it is mutually understood and agreed between the parties that ODOT shall cause the following changes and/or alternations to be made in the above-mentioned plans and the construction of the highway to be completed in accordance with these changes: | | | | | | | |
|  | | | | | | | |
| [Insert a description of the plan channel and a location, by reference to the Right of Way Plan Sheet, where the change is to occur. The description and location need to be sufficient to allow a reviewer to go into the field and find whatever has changed Also attach a drawing or plan sheet that illustrates the plan change. Delete these instructions from the finished RE 76. | | | | | | | |
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| IN WITNESS WHEREOF Choose an item. hereto set Choose an item. hand on Click or tap to enter a date.. | | | | | | | |
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|  | |  | Signature of Owner | | | |  |
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| Approved by: | |  |  |  | |  | |
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|  | Signature of District Real Estate Administrator | | | |  | Date | |
|  | [Insert Printed Name of REA]  Choose an item. | | | |  |  | |
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| I believe that the changes noted on this Agreement For Construction Not In Accordance with Plan form are necessary, that the property owner is entitled to these changes and has not been compensated for same in some other form. | | | | | | | |
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|  | Signature of Capitol Programs Administrator | | | |  | Date | |
|  | [Insert Printed Name of CPA]  Choose an item. | | | |  |  | |