

**Application for
Community Facilities Program Loan
United States Department of Agriculture
Rural Development**

Shoreline Protection and Flood Control

By the

City of Luna Pier

October , 2010

Application for Federal Assistance SF-424 Version 02

*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application * If Revision, select appropriate letter(s) <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____
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3. Date Received:	4. Applicant Identifier:
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5a. Federal Entity Identifier:	*5b. Federal Award Identifier:
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State Use Only:

6. Date Received by State:	7. State Application Identifier:
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8. APPLICANT INFORMATION:

*a. Legal Name: City Of Luna Pier

*b. Employer/Taxpayer Identification Number (EIN/TIN): <u>38-1718420</u>	*c. Organizational DUNS: <u>097240600</u>
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d. Address:

*Street 1: 4357 Buckeye St
Street 2: _____
*City: Luna Pier
County: Monroe
*State: Michigan
Province: _____
*Country: USA
*Zip / Postal Code 48157

e. Organizational Unit:

Department Name: <u>City of Luna Pier</u>	Division Name:
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mr *First Name: Philip
Middle Name: _____
*Last Name: Loud
Suffix: PE

Title: Senior Project Manager

Organizational Affiliation:
Spaldiing DeDecker Associates

*Telephone Number: 734-455-3111 Fax Number: 734-455-3127

*Email: ploud@sda-eng.com

Application for Federal Assistance SF-424 **Version 02**

***9. Type of Applicant 1: Select Applicant Type:**
C. City or Township Government
Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**
USDA - Rural developmnt

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

***12 Funding Opportunity Number:**
10.766 _____

*Title:
Community Facilities loans _____

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):
City of Luna Pier. Monroe County, Michigan

***15. Descriptive Title of Applicant's Project:**
Shoreline and Flooding Protection Project

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
 *a. Applicant: 15 *b. Program/Project: 15

17. Proposed Project:
 *a. Start Date: April 1, 2011 *b. End Date: OCT 30, 2011

18. Estimated Funding (\$):

*a. Federal	915,000.00
*b. Applicant	0
*c. State	0
*d. Local	0
*e. Other	0
*f. Program Income	0
*g. TOTAL	915,000.00

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on _____

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: Ms. *First Name: Mary

Middle Name: _____

*Last Name: Liske

Suffix: _____

*Title: Mayor

*Telephone Number: 734-848-6495 Fax Number: 734-848-2714

* Email: MLiske@cityoflunapier.com

*Signature of Authorized Representative: _____ *Date Signed: _____

Application for Federal Assistance SF-424

Version 02

***Applicant Federal Debt Delinquency Explanation**

The following should contain an explanation if the Applicant organization is delinquent of any Federal Debt.

INSTRUCTIONS FOR THE SF-424

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	Type of Submission: (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> • Preapplication • Application • Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date. 	10.	Name Of Federal Agency: (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
		11.	Catalog Of Federal Domestic Assistance Number/Title: Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
2.	Type of Application: (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> • New – An application that is being submitted to an agency for the first time. • Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals. • Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) 	12.	Funding Opportunity Number/Title: (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	Competition Identification Number/Title: Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	Areas Affected By Project: List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	Date Received: Leave this field blank. This date will be assigned by the Federal agency.	15.	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	Applicant Identifier: Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.	16.	Congressional Districts Of: (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 th district, CA-012 for California 12 th district, NC-103 for North Carolina's 103 rd district. <ul style="list-style-type: none"> • If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. • If nationwide, i.e. all districts within all states are affected, enter US-all. • If the program/project is outside the US, enter 00-000.
5a.	Federal Entity Identifier: Enter the number assigned to your organization by the Federal Agency, if any.		
5b.	Federal Award Identifier: For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	Date Received by State: Leave this field blank. This date will be assigned by the State, if applicable.	17.	Proposed Project Start and End Dates: (Required) Enter the proposed start date and end date of the project.
7.	State Application Identifier: Leave this field blank. This identifier will be assigned by the State, if applicable.		
8.	Applicant Information: Enter the following in accordance with agency instructions:		
	a. Legal Name: (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.	18.	Estimated Funding: (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
	b. Employer/Taxpayer Number (EIN/TIN): (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.		
	c. Organizational DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.		
	d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).	19.	Is Application Subject to Review by State Under Executive Order 12372 Process? Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the
	e. Organizational Unit: Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the		

	<p>assistance activity, if applicable.</p> <p>f. Name and contact information of person to be contacted on matters involving this application: Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>	<p>State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State</p>		
20.		<p>Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.</p> <p><i>If yes, include an explanation on the continuation sheet.</i></p>		
9.	<p>Type of Applicant (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p> </td> <td style="vertical-align: top; width: 50%;"> <p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p> </td> </tr> </table>	<p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p>	<p>21. Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.</p> <p>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p>
<p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p>			

Tab 12:

REQUEST FOR ENVIRONMENTAL INFORMATION

Name of Project: Luna Pier Shoreline Protection
Applicant name : City of Luna Pier
 Location
Luna Pier , Michigan

Item 1a. Has a Federal, State, or Local Environmental Impact Statement or Analysis been prepared for this project?

Yes No Copy attached as EXHIBIT I-A.

1b. If "No." provide the information requested in Instructions as EXHIBIT I.

Item 2. The State Historic Preservation Officer (SHPO) has been provided a detailed project description and has been requested to submit comments to the appropriate Rural Development Office. Yes No Date description submitted to SHPO March, 2010

Item 3. Are any of the following land uses or environmental resources either to be affected by the proposal or located within or adjacent to the project site(s)? (Check appropriate box for every item of the following checklist).

	Yes	No	Unknown		Yes	No	Unknown
1. Industrial	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. Dunes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Commercial	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Estuary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Residential	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Wetlands	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Agricultural	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. Floodplain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Grazing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Wilderness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Mining, Quarrying	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(designated or proposed under the Wilderness Act)			
7. Forests	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. Wild or Scenic River	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Recreational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(designated or proposed under the Wild and Scenic Rivers Act)			
9. Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. Historical, Archeological Sites (Listed on the National Register of Historical Places or which may be eligible for listing)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Parks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. Critical Habitats	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(endangered/threatened species)			
12. Schools	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Wildlife	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Open spaces	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Air Quality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Aquifer Recharge Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. Solid Waste Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Steep Slopes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. Energy Supplies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Wildlife Refuge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. Natural Landmark (Listed on National Registry of Natural Landmarks)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17. Shoreline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Coastal Barrier Resources System .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. Beaches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Item 4. Are any facilities under your ownership, lease, or supervision to be utilized in the accomplishment of this project, either listed or under consideration for listing on the Environmental Protection Agency's List of Violating Facilities? Yes No

September 29, 2010
(Date)

Signed: _____
(Applicant)

(Title)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collections is 0575-0094. The time required to complete this information collection is estimated to average 6 to 10 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

EXHIBIT 1

Luna Pier – Request for Environmental Information, Form RD 1940 -20

1. Primary Beneficiaries

The primary beneficiaries are all the residents and businesses of the City of Luna Pier.

2. Area Description

a. **The City of Luna Pier**, prior to its incorporation as a City in 1963, was a small resort community that began developing during the early 1900's. This was mainly due to its access to Lake Erie and location near Toledo. The 2000 Census reports that population at 1483 and the land area of the city is 1,075 acres. The community has 4½ miles of continuous shoreline with a city pier, public beach, public and private marinas, boat launching facilities, a canal system and four recreational parks.

The areas affected by this project are those that would be impacted by either the failure of the storm water pumping system or the flood control dike, which effectively includes the entire City of Luna Pier. The impact would be flooding of all property within the City.

The existing land use in Luna Pier is largely residential in nature, which is largely because of its lakefront resort community origins. Typically, residential units are on relatively small lots, especially toward the shoreline. The commercial core of the City is along Luna Pier Road and this area extends to the south somewhat. Another large commercial use is the marina located east of Harold Drive. A modest amount of industrial and public utility land uses are found along the west side of Harold Drive. Toward the south, one of the largest single land uses in the City is Consumers Power. This property includes a large coal-fired power plant, surrounded by wetlands and woodlands. To the north, the Erie State Game Area represents a substantial amount of wetland acres.

b. Item 3, Residential: All residential properties within the City are susceptible to flooding should the dike or storm water pumps fail.

Item 8, Recreational: There are three large areas that represent public parks and public open space in Luna Pier. These places include the Erie State Game Area to the North, the Luna Pier Elementary School Park property just east of I-75 and north of Luna Pier Road, and Luna Pier Memorial Park along Luna Pier Road near Lake Erie. All these parks would suffer damage if flooded as the result of dike or flood pump failures.

Item 17, Shoreline: The shoreline features (beach sand, outer beach sills) effectively work in conjunction with the dike to dissipate the effect of wave action and flooding on the City.

Item 18, Beaches: see above

Item 22, Floodplain: The floodplain is currently protected by the dike and stormwater pumps from flooding from Lake Erie, Allen Creek and La Pointe Drain.

c. see attached Exhibit II

1. USGS topo

2. FEMA floodplain map
3. Site Photos
4. Soil survey of the area
5. Aerial Photo

13. Public Reaction

- a. There are no known objections to the project. Many people would like to see additional action by the City to enhance the shoreline on the lake side of the dike.
- b. No formal public hearing has been held but the project has been discussed at both Council meeting attended by the public and Shoreline Committee meeting also attended by the public.
- c. An article about the project has been posted on the City's web site and the Council and Shoreline Committee have had presentations on the project.

15. Mitigation Measures

No specific environmental impact is anticipated which would require mitigation as a result of this project.

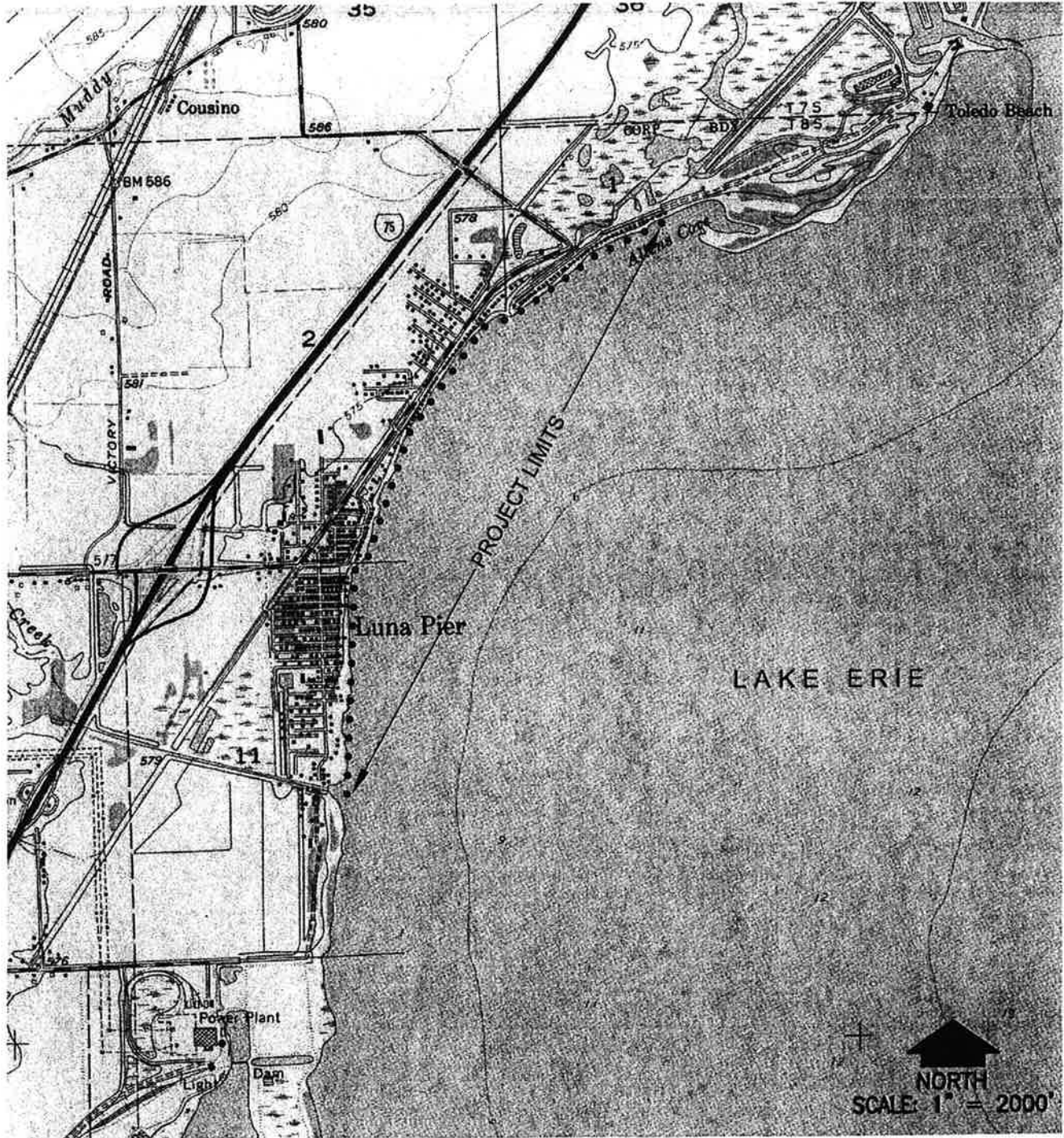
16. Permits

- a. A soil erosion control permit will be required from Monroe County. The Army Corps of Engineers may require a permit for this maintenance activity.

17. Other Federal Actions

None

EXHIBIT II
REQUEST FOR ENVIRONMENTAL INFORMATION



LOCATION MAP

1

BY:

DBA

Dietrich, Bailey and Associates, P.C.

25 South Monroe Street, Suite 305
Monroe, MI 48161

Tel 734 242-6816

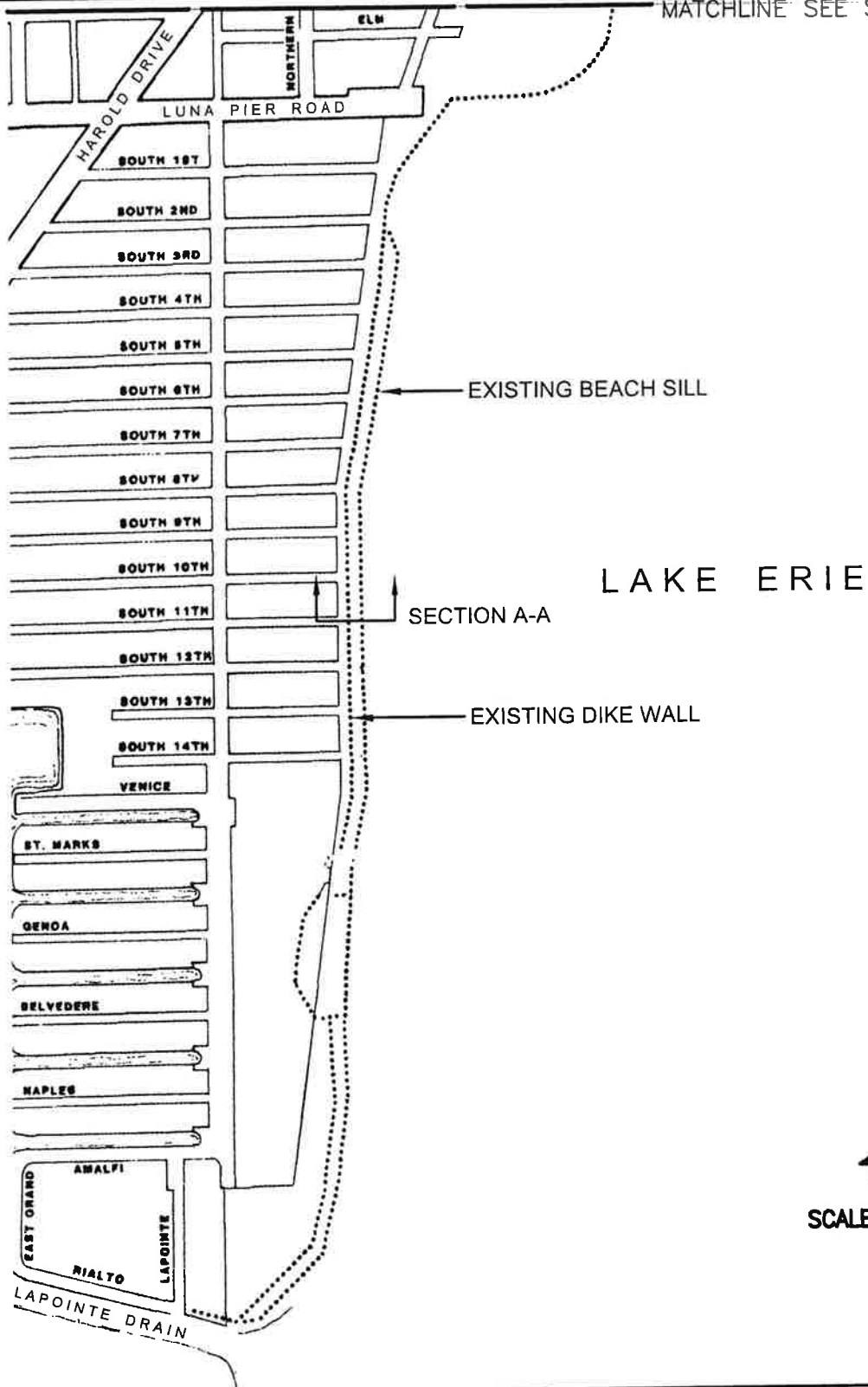
FOR:

CITY OF LUNA PIER
4357 BUCKEYE
MONROE, MICHIGAN 48157

DATE: AUGUST 2010

FILE 780001

MATCHLINE SEE SHEET 5



LAKE ERIE

SECTION A-A


 NORTH
 SCALE: 1" = 400'

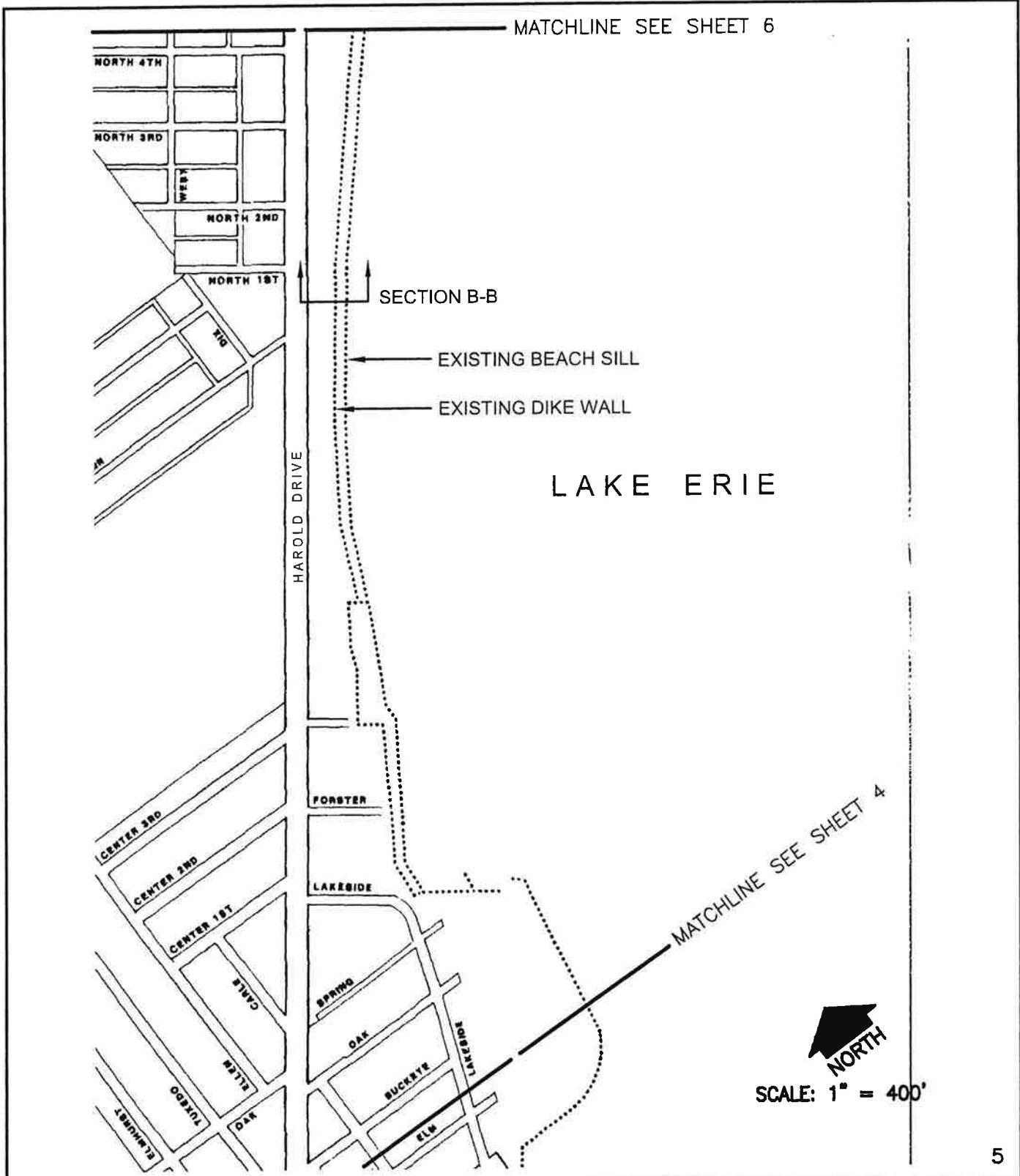
BY:
DBA Dietrich, Bailey and Associates, P.C.
 25 South Monroe Street, Suite 305
 Monroe, MI 48161

Tel 734 242-6816

FOR:
 CITY OF LUNA PIER
 4357 BUCKEYE
 MONROE, MICHIGAN 48157

DATE: SEPT 2010

FILE 780001



MATCHLINE SEE SHEET 6

SECTION B-B

EXISTING BEACH SILL

EXISTING DIKE WALL

LAKE ERIE

HAROLD DRIVE

NORTH 4TH

NORTH 3RD

NORTH 2ND

NORTH 1ST

CENTER 3RD

CENTER 2ND

CENTER 1ST

CALE

SPRING

OAK

BUCKEYE

ELM

TURBO

ELMHURST

FORSTER

LAKESIDE

MATCHLINE SEE SHEET 4



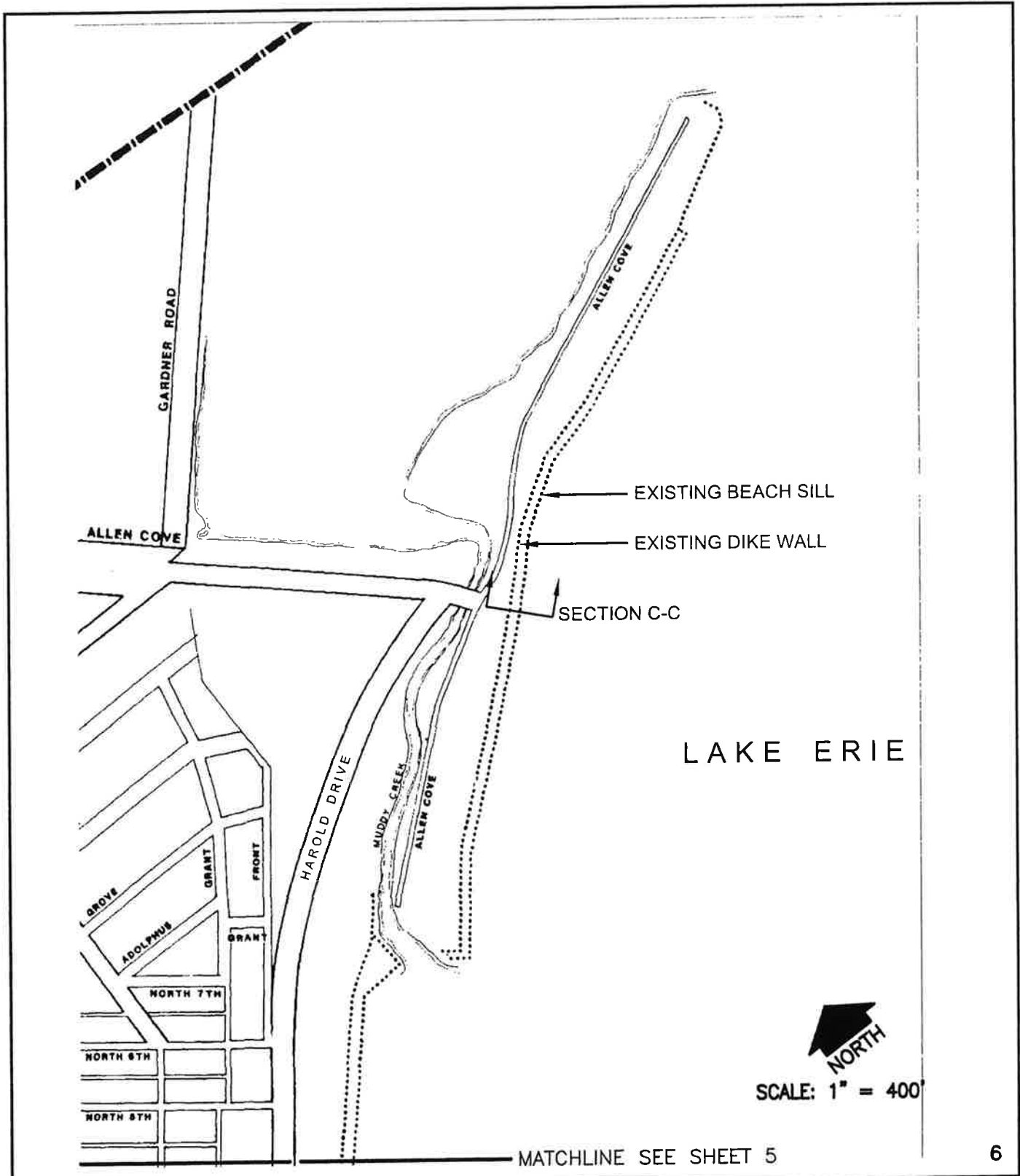
SCALE: 1" = 400'

BY:
DBA Dietrich, Bailey and Associates, P.C.
 25 South Monroe Street, Suite 305
 Monroe, MI 48161

Tel 734 242-6816

FOR:
 CITY OF LUNA PIER
 4357 BUCKEYE
 MONROE, MICHIGAN 48157

DATE: SEPT 2010 FILE 780001



BY:
DBA Dietrich, Bailey and Associates, P.C.
 25 South Monroe Street, Suite 305
 Monroe, MI 48161

Tel 734 242-6816

FOR:
 CITY OF LUNA PIER
 4357 BUCKEYE
 MONROE, MICHIGAN 48157

DATE: SEPT 2010 FILE 780001