

RE-600-1
11/16/2009

STATE OF OHIO
DEPARTMENT OF TRANSPORTATION
RELOCATION ASSISTANCE
BUSINESS OCCUPANT INTERVIEW FORM

County FAI
Route 33
Section 2.620
Parcel No. 006-OB
PID No. 77555

Owner or Tenant? Owner

Type of Operation: Landlord
Name of Property Owners: Aspen Real Estate Holdings LLC, an Ohio limited liability company
Name of Site Occupant: Steven Hesch and Columbus Graphics, Steven Hesch
Occupancy Date: 12/3/23

Address of Location:
6935 & 6945 Pickerington Road NW
Carroll, OH

Contact Information:
Office Phone: _____
Cell Phone: 614-579-6151
Email Address: heschs@yahoo.com

Address (if different than subject location):
13189 Brandon Circle
Pickerington, OH 43147

Annual Net Profit: \$ _____ -

Authorized Representative present for interview: Steve Hesch
Title of Authorized Representative: President
Name of Interviewing Agent: Kimber L. Heim
Pre-Acquisition Interview Date: 1/12/2024

Is this the only location of this business?: Yes Is this part of a chain?: No

Briefly describe the operation to be moved:
Landlord with separate business personal property.

What lease terms or contractual obligations is the company presently under?:
Expiration Date of Lease or Contract: 5/31/2024
Terms: Month to month with end date agreed upon by Platinum Plumbing

Does your company currently enjoy specific site needs that will need to be available at the replacement site? Do you anticipate difficulty in locating such a site?: Yes

Briefly Explain: Needs of the secondary business which was being moved to this location is as follows: 5000 sq ft building with CNC Router, space to create paint booth and assembly space. In addition, restroom facilities, office space for at least three employees and a kitchen/breakroom. Truck access is key for deliveries for flat bed semis, and mid to large size box trucks.

Will your company need specialized assistance to move machinery or personal property beyond those services typically provided for by a mover? No, there is no special assistance required

Can these services be provided by your current staff?: Yes, my staff is capable of performing the move

Is there a specific time of year that the move could take place that would least effect your operation?:

How much time will be needed to complete the move once it has begun?: Month or more

Relocaton Assistance Accepted or Declined?: _____

Inteviewer's Signature: _____ Date: _____