

RE-600-1  
11/16/2009

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

County	MUS
Route	376
Section	5.090
Parcel No.	010-1P
PID No.	115989

Owner or Tenant? Tenant

Type of Operation: Personal Property

Name of Property Owners: Charlie N. Rodgers

Name of Site Occupant: Thomas Rodgers, Sr.

Occupancy Date: 7/11/05

Address of Location:

8895 Gaysport Road

Blue Rock, OH 43720

Contact Information:

Office Phone: \_\_\_\_\_

Cell Phone: 740-819-3271

Email Address: \_\_\_\_\_

Address (if different than subject location):

7300 Dietrick Hill Road

Philo, OH 43771

Annual Net Profit: \$ -

Authorized Representative present for interview: Thomas Rodgers, Sr.

Title of Authorized Representative: Owner

Name of Interviewing Agent: Patty Moorman

Pre-Acquisition Interview Date: 6/15/2023

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

Briefly describe the operation to be moved:

Only Personal Property.

What lease terms or contractual obligations is the company presently under?:

Expiration Date of Lease or Contract: N/A

Terms: \_\_\_\_\_

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?: No

Briefly Explain: N/A

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?: Week or more

Relocaton Assistance Accepted or Declined?: Accepted

Interviewer's Signature:  Date: 6/17/24

RE-613-1  
11/16/2009

STATE OF OHIO  
DEPARTMENT OF TRANSPORTATION  
INVENTORY OF PERSONAL PROPERTY

County: MUS  
Route: 376  
Section: 5.090  
Parcel No: 010-1P  
PID No: 115989

BUSINESS, FARM OR NON-PROFIT ORGANIZATION

Name of Displaced Person: Thomas Rodgers, Sr.

Type of Relocation: Personal Property

Move Cost Basis: Schedule (P.P. Only) Move #2: \_\_\_\_\_ Move #3: \_\_\_\_\_

(Layout of floor plan detailing location of machinery, equipment, etc. may be useful as well as photographs of personal property to be moved. Buildings and/or rooms should be identified individually with the personal property contained therein so noted.)

All Personal Property no operations at this displacement site. Storage of property at this location is outside and in a storage shed:  
Metal Roofing, 3 x 12, 3 pcs  
Wood, various sizes, 24 pcs  
Vehicle Bench Seat  
Utility Sink  
Wood, 2nd location, 12 pcs  
Misc Const Tools  
Resin Boards, 3 x 12 20 pcs  
Buckets  
Wood Boards, 2 x 4, 10 pcs  
Replacement Windows, 2.8 x 4. 2 qty  
Replacement Window, 2 x 2 sliding, 1 qty  
Replacement Window, 2 x 3 sliding, 2 qty  
Replacement Window, 2 x 2, stationary, 1 qty  
Shed contents, from 6/2023 pictures, tile roofing materials and miscellaneous building materials

Address of Subject:  
8895 Gaysport Road  
Blue Rock, OH 43720

Replacement Address:  
\_\_\_\_\_

(I hereby certify the items herein noted (and attached hereto) to be the only items of personal property which the State is liable for relocating)

Signature of Relocated Person: *Thomas Rodgers* Date: 7-24-24

Signature of Agent: *Amber Deane* Date: 7/25/24

RE-617-1  
10/1/2014

STATE OF OHIO  
DEPARTMENT OF TRANSPORTATION  
RELOCATION ASSISTANCE PROGRAM  
NON-RESIDENTIAL CLAIM FORM

County: MUS  
Route: 376  
Section: 5.090  
Parcel No: 010-1P  
PID No: 115989

Full Name of Claimant: Thomas Rodgers, Sr.

Address Moved From: 8895 Gaysport Road Address Moved To: 0  
Blue Rock, OH 43720 0

WARNING - FALSE, FICTICIOUS OR FRAUDULENT STATEMENTS  
MAY LEAD TO IMPRISONMENT OR FINES, OR BOTH

TYPE OF DISPLACEMENT: Personal Property

Type of Move: Schedule (P.P. Only)

If Fixed Payment: \_\_\_\_\_ 1st year net income: \_\_\_\_\_ 2nd year net income: \_\_\_\_\_

MOVE AMOUNT CLAIMED: \$ 800.00

**Additional Payments:**

Search (\$2,500.00 Max) \$ -  
Remaining Life / Licenses & Permits \$ -  
Obsolete Relettering Signs and Stationary \$ -  
Storage Costs \$ -  
Acutal Direct Loss of Tangible \$ -  
Substitute Equipment \$ -  
Other \_\_\_\_\_ \$ -  
Other \_\_\_\_\_ \$ -

ADDITIONAL PAYMENTS AMOUNT CLAIMED: \$ -

**Related Expenses:**

Utilities from the R/W to Improvements \$ -  
Professional Feasibility Studies \$ -  
Impact Fees or One Time Assessments \$ -

RELATED EXPENSES AMOUNT CLAIMED: \$ -

**RE-ESTABLISHMENT (\$25,000.00 MAX)**

Repairs or Improvements Required by Code \$ -  
Modifications to Accommodate the Business \$ -  
Exterior Signage to Advertise the Business \$ -  
Replacement of Worn Surfaces \$ -  
Advertisement of Location \$ -  
Increased Cost of Operation / 2 years \$ -

RE-ESTABLISHED AMOUNT CLAIMED: \$ -

AMOUNT BEING CLAIMED THIS DATE: \$ 800.00

The undersigned certifies that the amounts claimed herein represent actual costs incurred in the moving of personal property from the project, that such amounts are true and correct and supported by documentation furnished to the Department of Transportation as required under the rules of the Department. Further, as the Owner, Manager or Operating Officer, I certify that no owner of this business, farm or non-profit organization, is presnet in the United States unlawfully, and if incorporated, we are authorized to do business in the United States.

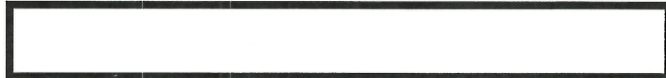
Date: 7/25/24 Signature: Amber L Heim

I hereby certify that the above named claimant is an eligible displaced person in accordance with the Rules and Regulations established by the Director, Ohio Department of Transportation, for the Administration of the Relocation Assistance Program and that the named claimant is entitled to the amount indicated above.

Date: 7/25/24 Signature: Amber L Heim

I certify that I have reviewed the file material and find that the amount(s) noted above is/are adequately supported. The claim form is approved for signing by the displaced person.

Reviewer Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



**Payment indicated above to be assigned to:**

Name: Thomas Rodgers, Jr  
Address: 883 Goddard Street  
City, State and Zip: Zanesville, OH



RE-600  
5/3/2017

STATE OF OHIO  
DEPARTMENT OF TRANSPORTATION

County: MUS  
Route: 376  
Section: 5.09  
Parcel No.: 010-1  
PID No.: 115989

RELOCATION ASSISTANCE  
RESIDENTIAL SITE OCCUPANCY  
INTERVIEW FORM

Is Occupant an Owner or Tenant? Tenant

Displaced Persons Name: Thomas Rodgers, Hope Miller, Aydin Foley  
Site Address: 8895 Gaysport Hill Road  
City, State and Zip: Gaysport, OH 43720  
Contact Information: Home Phone: N/A Cell Phone: 740-487-8603, 740-487-8594, 740-647-2404  
Email Address: \_\_\_\_\_  
Person Interviewed: Thomas Rodgers, Aydin Foley Interview Date: 6/15/2023  
Interviewing Agent: Kimber L. Heim Date of Occupancy: Jan-21  
Take Area: Total Owner Considering Retention of Home?: No

FAMILY COMPOSITION:

Occupation of Principal Wage Earner: Store Clerk Age: 19  
Name of Employer: WAL MART South Zanesville Distance: 15  
Address of Employer: 2850 Maysville Pike Work phone: \_\_\_\_\_  
City, State and Zip: South Zanesville, OH 43701  
Tenant Monthly Income: Occupant #1: \$0.00 Occupant #2: \$0.00 Occupant #3: \$1,765.52  
Subsidies: No Amount: \_\_\_\_\_ Total Monthly Income: \$1,765.52  
School District: Franklin SD Distance to Schools: \_\_\_\_\_  
No. of Male Adults: 2 #1 Age: 19 #2 Age: 18 #3 Age: \_\_\_\_\_  
No. of Female Adults: 1 #1 Age: 18 #2 Age: \_\_\_\_\_ #3 Age: \_\_\_\_\_  
No. of Male Children: 0 #1 Age: \_\_\_\_\_ #2 Age: \_\_\_\_\_ #3 Age: \_\_\_\_\_  
#4 Age: \_\_\_\_\_ #5 Age: \_\_\_\_\_ #6 Age: \_\_\_\_\_  
No. of Female Children: 0 #1 Age: \_\_\_\_\_ #2 Age: \_\_\_\_\_ #3 Age: \_\_\_\_\_  
Total Occupants: 3 #4 Age: \_\_\_\_\_ #5 Age: \_\_\_\_\_ #6 Age: \_\_\_\_\_

DWELLING INFORMATION:

Type of Dwelling: 1 Story Room#1: Living Room  
Lot Size: 1.061 acres Room#2: Kitchen  
Exterior Finish: Wood Room#3: Bedroom #1  
Neighborhood Type: Rural / Residential Room#4: Bedroom #2  
Square Footage: Gross 1918 Room#5: Office  
Number of Baths: 1 Room#6: \_\_\_\_\_  
Total # of Rooms: 5 # of Bedrooms 2 Room#7: \_\_\_\_\_  
Basement: Yes Partial Room#8: \_\_\_\_\_  
Garage: No Room#9: \_\_\_\_\_  
# of Furnished Rooms (tenants only): 0 Room#10: \_\_\_\_\_  
# of Unfurnished Rooms (tenants only): 0 Room#11: \_\_\_\_\_  
Age of Structure: 123 A/C? No Room#12: \_\_\_\_\_  
Is Subject DS&S? Yes Water: Well Sewer: Septic

Utilities in Rental Unit:

Paid by Tenant: \_\_\_\_\_ Other: \_\_\_\_\_  
Monthly Rent of Unit: \$0.00 Utilities: Without Utilities  
Mortgage on Site Property?: No Mortgage Amount: \_\_\_\_\_ Interest Rate: \_\_\_\_\_  
Type of Loan on Site: \_\_\_\_\_ Term of Loan: \_\_\_\_\_ Remaining Life: \_\_\_\_\_  
School District Preference: Franklin LSD Location Preference: \_\_\_\_\_

Remarks: DS&S Deficiencies; Special Aid Required; Additional Information relative:

Main Structure is a school house that has been renovated; Non-DSS because room blocked off as unsafe, questionable if entire abode can be heated to 72 degrees. Utilities are \$200 avg electric a month and \$60 a month in propane (\$720 yr).

Interviewer's Signature: *Kimber L. Heim* Date: 9/19/23



RE-600  
5/3/2017

STATE OF OHIO  
DEPARTMENT OF TRANSPORTATION

County: MUS  
Route: 376  
Section: 5.09  
Parcel No.: 010-1  
PID No.: 115989

RELOCATION ASSISTANCE  
RESIDENTIAL SITE OCCUPANCY  
INTERVIEW FORM

Is Occupant an Owner or Tenant? Tenant

Displaced Persons Name: Thomas Rodgers, Hope Miller, Aydin Foley  
Site Address: 8895 Gaysport Hill Road  
City, State and Zip: Gaysport, OH 43720  
Contact Information: Home Phone: N/A Cell Phone: 740-487-8603, 740-487-8594, 740-647-2404  
Email Address: \_\_\_\_\_  
Person Interviewed: Thomas Rodgers, Aydin Foley Interview Date: 6/15/2023  
Interviewing Agent: Kimber L Heim Date of Occupancy: Jan-21  
Take Area: Total Owner Considering Retention of Home?: No

FAMILY COMPOSITION:

Occupation of Principal Wage Earner: Store Clerk Age: 19  
Name of Employer: WAL MART South Zanesville Distance: 15  
Address of Employer: 2850 Maysville Pike Work phone: \_\_\_\_\_  
City, State and Zip: South Zanesville, OH 43701  
Tenant Monthly Income: Occupant #1: \$600.00 Occupant #2: \$600.00 Occupant #3: \$600.00  
Subsidies: No Amount: \_\_\_\_\_ Total Monthly Income: \$1,800.00  
School District: Franklin SD Distance to Schools: \_\_\_\_\_  
No. of Male Adults: 2 #1 Age: 19 #2 Age: 18 #3 Age: \_\_\_\_\_  
No. of Female Adults: 1 #1 Age: 18 #2 Age: \_\_\_\_\_ #3 Age: \_\_\_\_\_  
No. of Male Children: 0 #1 Age: \_\_\_\_\_ #2 Age: \_\_\_\_\_ #3 Age: \_\_\_\_\_  
#4 Age: \_\_\_\_\_ #5 Age: \_\_\_\_\_ #6 Age: \_\_\_\_\_  
No. of Female Children: 0 #1 Age: \_\_\_\_\_ #2 Age: \_\_\_\_\_ #3 Age: \_\_\_\_\_  
Total Occupants: 3 #4 Age: \_\_\_\_\_ #5 Age: \_\_\_\_\_ #6 Age: \_\_\_\_\_

DWELLING INFORMATION:

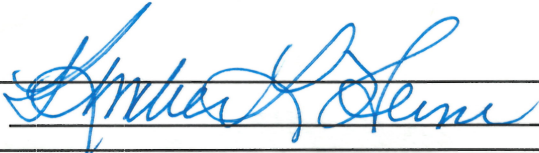
Type of Dwelling: 1 Story Room#1: Living Room  
Lot Size: 1.061 acres Room#2: Kitchen  
Exterior Finish: Wood Room#3: Bedroom #1  
Neighborhood Type: Rural / Residential Room#4: Bedroom #2  
Square Footage: Gross 1918 Room#5: Office  
Number of Baths: 1 Room#6: \_\_\_\_\_  
Total # of Rooms: 5 # of Bedrooms 2 Room#7: \_\_\_\_\_  
Basement: Yes Partial Room#8: \_\_\_\_\_  
Garage: No Room#9: \_\_\_\_\_  
# of Furnished Rooms (tenants only): 0 Room#10: \_\_\_\_\_  
# of Unfurnished Rooms (tenants only): 0 Room#11: \_\_\_\_\_  
Age of Structure: 123 A/C? No Room#12: \_\_\_\_\_  
Is Subject DS&S? Yes Water: Well Sewer: Septic

Utilities in Rental Unit:

Paid by Tenant: \_\_\_\_\_ Other: \_\_\_\_\_  
Monthly Rent of Unit: \$0.00 Utilities: Without Utilities  
Mortgage on Site Property?: No Mortgage Amount: \_\_\_\_\_ Interest Rate: \_\_\_\_\_  
Type of Loan on Site: \_\_\_\_\_ Term of Loan: \_\_\_\_\_ Remaining Life: \_\_\_\_\_  
School District Preference: Franklin LSD Location Preference: \_\_\_\_\_

Remarks: DS&S Deficiencies; Special Aid Required; Additional Information relative:

Main Structure is a school house that has been renovated; Non-DSS because room blocked off as unsafe, questionable if entire abode can be heated to 72 degrees.

Interviewer's Signature:  Date: 8/28/23



one household

RE-600  
5/3/2017

STATE OF OHIO  
DEPARTMENT OF TRANSPORTATION

County: FAI  
Route: 158  
Section: 4.20  
Parcel No.: 018  
PID No.: 111621

RELOCATION ASSISTANCE  
RESIDENTIAL SITE OCCUPANCY  
INTERVIEW FORM

Is Occupant an Owner or Tenant? Tenant

Displaced Persons Name: Aydin Foley, Thomas Rodgers, Hope Miller

Site Address: 8895 Gaysport Hill Road

City, State and Zip: Gaysport, OH 43720

Contact Information: Home Phone: 740 487 8043 Cell Phone: 740-647-2404

Email Address: Hope Miller 740 487 8594

Person Interviewed: \_\_\_\_\_ Interview Date: 6/15/2023

Interviewing Agent: Kimber L. Heim Date of Occupancy: \_\_\_\_\_

Take Area: Total Owner Considering Retention of Home?: \_\_\_\_\_

FAMILY COMPOSITION:

Occupation of Principal Wage Earner: Thomas Rodgers Age: \_\_\_\_\_

Name of Employer: Walmart Distance: \_\_\_\_\_

Address of Employer: 5 Zennell Work phone: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Tenant Monthly Income: Occupant #1: 800/br Occupant #2: 800 br Occupant #3: 800 br

Subsidies: DNA Amount: \_\_\_\_\_ Total Monthly Income: \$0.00

School District: \_\_\_\_\_ Distance to Schools: \_\_\_\_\_

No. of Male Adults: 2 #1 Age: 19 #2 Age: 18 #3 Age: \_\_\_\_\_

No. of Female Adults: 1 #1 Age: 19 #2 Age: Aydin #3 Age: \_\_\_\_\_

No. of Male Children: \_\_\_\_\_ #1 Age: \_\_\_\_\_ #2 Age: \_\_\_\_\_ #3 Age: \_\_\_\_\_

#4 Age: \_\_\_\_\_ #5 Age: \_\_\_\_\_ #6 Age: \_\_\_\_\_

No. of Female Children: \_\_\_\_\_ #1 Age: \_\_\_\_\_ #2 Age: \_\_\_\_\_ #3 Age: \_\_\_\_\_

Total Occupants: 0 #4 Age: \_\_\_\_\_ #5 Age: \_\_\_\_\_ #6 Age: \_\_\_\_\_

DWELLING INFORMATION:

Type of Dwelling: 1 Story

Lot Size: 1.061 acres

Exterior Finish: Wood

Neighborhood Type: Rural / Residential

Square Footage: Gross 1918

Number of Baths: 1

Total # of Rooms: 8 # of Bedrooms 3

Basement: crawl

Garage: No

# of Furnished Rooms (tenants only): \_\_\_\_\_

# of Unfurnished Rooms (tenants only): \_\_\_\_\_

Age of Structure: 123 A/C? \_\_\_\_\_

Is Subject DS&S? yes Water: Well

Room#1: entry way

Room#2: L/R

Room#3: Kitchen

Room#4: BR

Room#5: BR

Room#6: BR

Room#7: Bath

Room#8: Utility

Room#9: to front

1207 Putnam  
Charles Noon

Utilities in Rental Unit

Paid by Tenant: no rent paid

Monthly Rent of Unit: \_\_\_\_\_ Utilities: \_\_\_\_\_

Mortgage on Site Property? No Mortgage Amount: \_\_\_\_\_

Type of Loan on Site: \_\_\_\_\_ Term of Loan: Re

School District Preference: Franklin LSD Location: \_\_\_\_\_

Remarks: DS&S Deficiencies; Special Aid Required; Additional

Main Structure is a school house that has been renovated

#3000 but did in kind work on best owners property

Interviewer's Signature: Kimber Heim Date: 6/15/2023