Form Z1-1 (To Zoning Inspector)   (R.C. 519.16)

APPLICATION FOR ZONING CERTIFICATE

Application No. _24-2023_   Date _7/12/2023_

Jersey Township, Licking County to the Board of Township Trustees.

The Undersigned hereby applies for a Zoning Certificate for the following use, to be issued on the basis of the Representations contained herein, all of which applicant swears to be true.

1) Location of the Property ___9800 WORTHINGTON ROAD___

2) Name of the Land Owner ___COUGHLIN AUTOMOTIVE PROPERTIES OF CIRCLEVILLE___

3) Occupant ___COUGHLIN FORD___

4) Proposed use: Residence ( ); Number of families ( ); Garage( ) Accessory Building( ); Sign Board( );
   Size _____sq.ft.; New( ); Remodeling( ); Business( ); Manufacturing ( );
   Kind _____

5) Is this application for a "Temporary Visitors" Certificate? (yes) (no⃝)

6) Is this application for a "Temporary Residence" permit? (yes) (no⃝)

7) Sketch a lot, showing existing buildings and proposed construction or use for which this application is made. (See Reverse Side). Fill in all directions and indicate which direction is North with an arrow.

A. Main Road Frontage _____ft.
B. Set back from side of right of way _____ft.
C. Side yard Clearance _____side _____ft.
              _____side _____ft.
D. Rear Yard Clearance _____ft.
E. Depth of lot from right of way _____ft.
F. Dimensions of building Width _____ft.
                    Depth _____ft.   _25'_
G. Highest point of building above established grade _25_ ft.
H. Width and length of driveway _____ft.
I. Off street parking space _____sq.ft.

SEE ATTACHED SITE PLAN.

8) Buildings Use: ___SALES + SERVICE (FORD)___
   number of stories ____1____ Basement ____—____sq.ft.
   Usable floor space designed for use as living quarters exclusive of basements, porches, garages, breezeways, terraces, attics, or partial stories. First floor _44,482_ sq.ft.; Second floor ____—____sq.ft.
   Garage____—____sg.ft ; Off street parking space _____sq.ft.
                    64 SPACES.

9) Have you a "Sewage Disposal Permit" from the Licking County Health Department? (yes) (no)

10) Will you have your own private well or water supply? (yes) (no)   EXISTING OK

11) Cost Valuation $ 500,000   EXISTING

12) Remarks ADDITION OF 20 SERVICE STALLS

Applicant _~signature~_

JOHN A. ONEY, ARCHITECT
ARCHNA ARCHITECTS

County Permits Required:
 Licking County Health Department

    Sewer Permit # _____

    Well Permit # _____

NOTE: This permit expires 18 months after date of application. NOT TRANSFERABLE

Inspector _~signature~_

(Approved) or (Denied) on 7/13/2023

This property (is, is not) in an identified Flood Plain.

See Attach 1

North

Sketch See No. 7