

APPLICATION FOR ZONING CERTIFICATE

Application No. Dm-07-2023

Date 4-4-23

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 3525 Becch Rd. Johnstown, Oh 43031

2) Name of the Land Owner New Albany Co.

3) Occupant Vacant

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

5) Is this application for a "Temporary Visitors" Certificate? (yes) (no)

6) Is this application for a "Temporary Residence" permit? (yes) (no)

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.

G. Highest point of building above established grade _____ft.

H. Width and length of driveway _____ft.

I. Off street parking space _____sq.ft.

8) Buildings Use: _____

number of stories _____ 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 _____sq.ft.; Second floor _____sq.ft.

Garage _____sq.ft; Off street parking space _____sq.ft.

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)

11) Cost Valuation \$ 19,500.⁰⁰

12) Remarks Demolition

County Permits Required:
Licking County Health Department
Sewer Permit # _____
Well Permit # _____

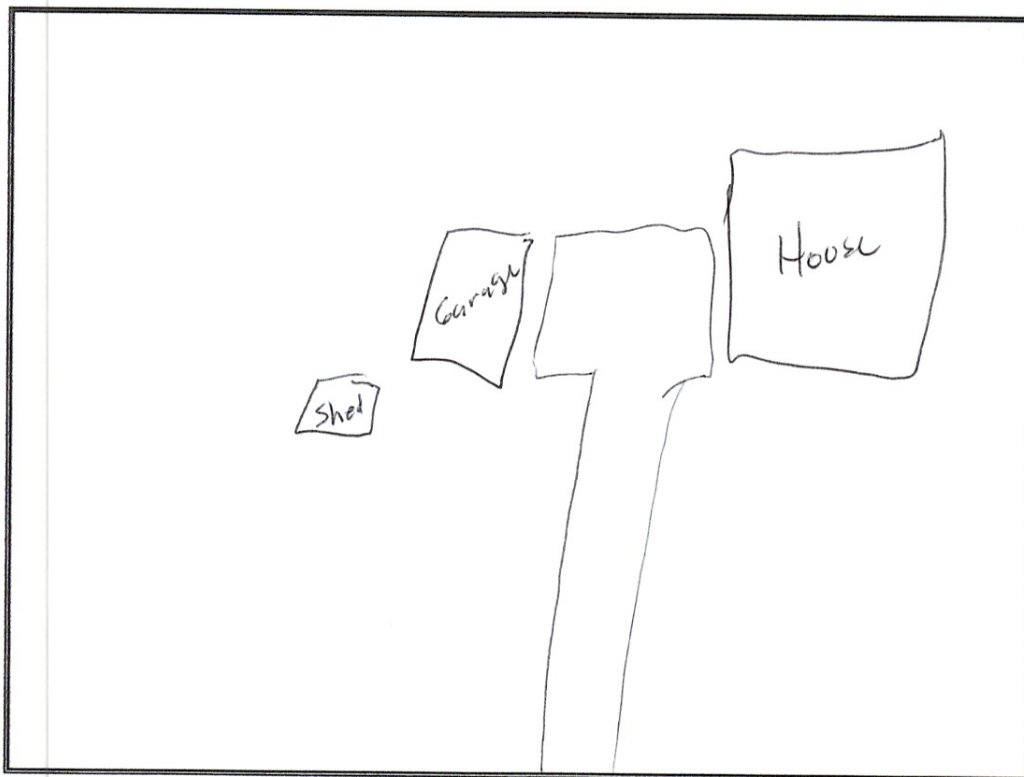
Applicant Gary Roberts Transport
740-404-5447
garyrobertstransport@hotmail.com

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

Inspector *[Signature]*

(Approved) or (Denied) on 4/6/2023

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



Sketch See No. 7