

APPLICATION FOR ZONING CERTIFICATE

Application No. 33-2023Date 8-19-23

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 10180 Reussner Rd
Pataskala Ohio 43062

2) Name of the Land Owner Tante Seuderer

3) Occupant Same

4) Proposed use: Residence (); Number of families (); Garage () Accessory Building (); Sign Board ();
 Size 1200 sq.ft.; New (); Remodeling (); Business (); Manufacturing ();
 Kind Pole Barn

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

6) Is this application for a "Temporary Residence" permit? (yes) (no) (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 100 ft.

B. Set back from side of right of way 100 ft.

C. Side yard Clearance West side 60 ft.

EAST side 150 ft.

D. Rear Yard Clearance >100 ft.

E. Depth of lot from right of way 200+ ft.

F. Dimensions of building Width 30 ft.

Depth 40 ft.

G. Highest point of building above established grade 18 ft.

H. Width and length of driveway >100 ft.

I. Off street parking space _____ sq.ft.

8) Buildings Use: Pole Barn ~~Accessory Building~~

number of stories 1 Basement N/A 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 \$ 25,000

12) Remarks

Polishes for Equipment / Chickens / Accessory Use as well

Applicant

[Signature]

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)

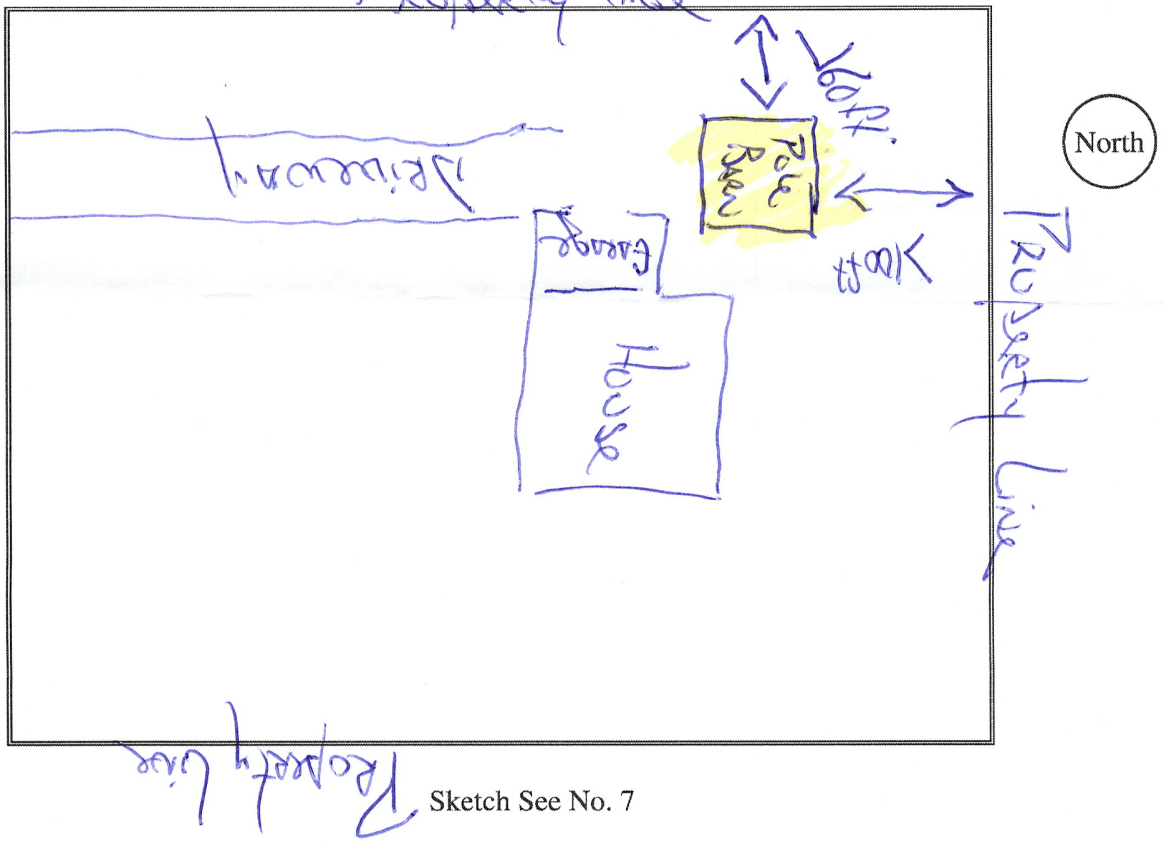
on

8/24/2023

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

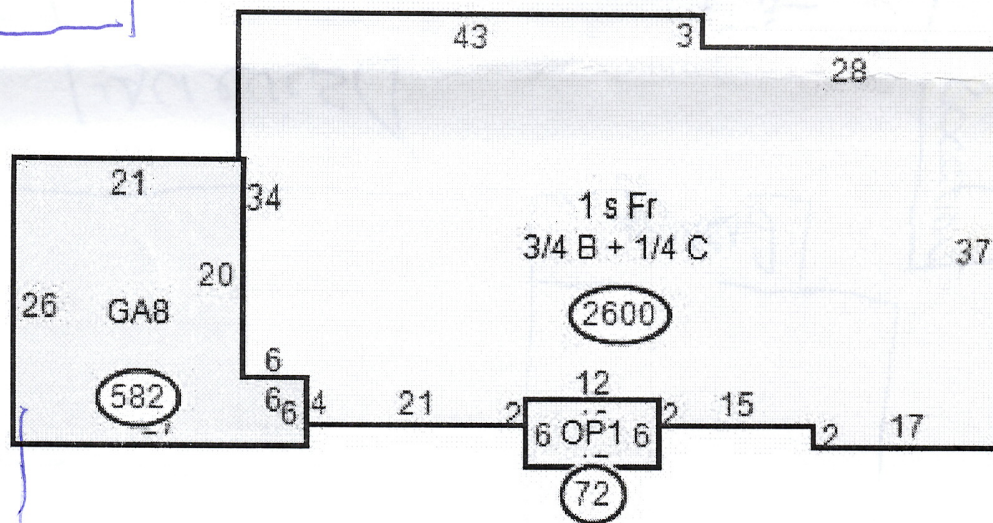
(is not)

Property line



Sketch See No. 7

1 Pole
BARN



DETUNE WAY

lost
property
via

Police
Station



lost