



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 3371 MINK ~~RD~~ STREET

2) Name of the Land Owner MGT

3) Occupant NONE

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) (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: DEMO  
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) ABATED

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

11) Cost Valuation \$ 10K

12) Remarks Demo of all structures and grade compacted to 95% - No basement. Grade to match existing surroundings

Applicant Cheryl Smith

County Permits Required:

Licking County Health Department

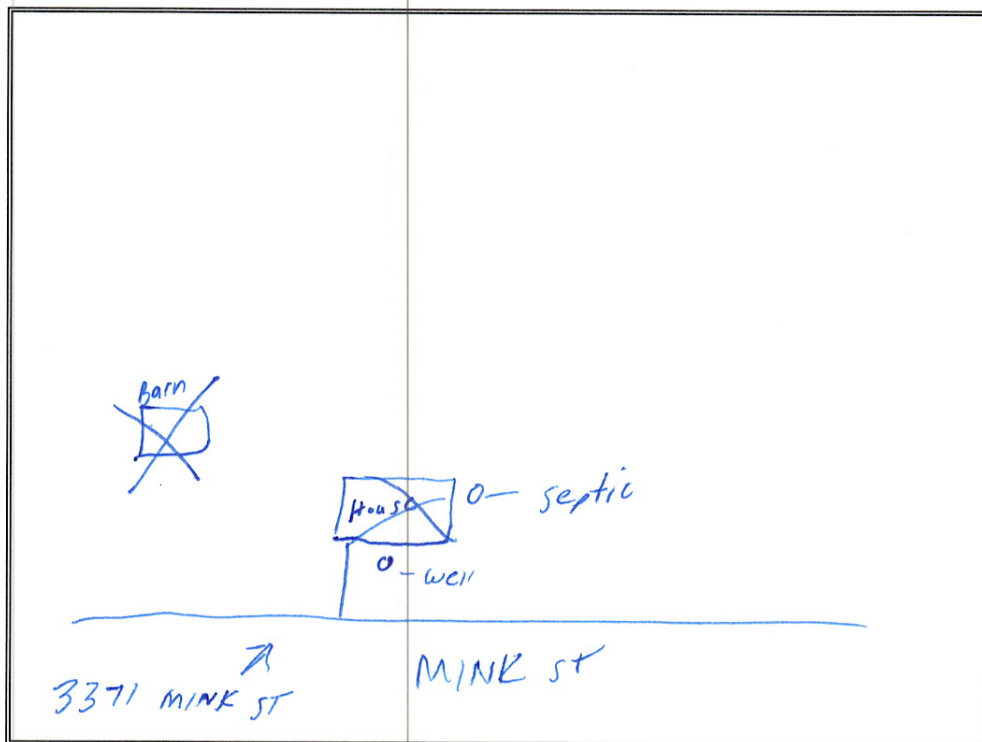
Sewer Permit # \_\_\_\_\_

Well Permit # \_\_\_\_\_

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

Inspector G. J. Smith  
(Approved) or (Denied) on 8/28/2022

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



Sketch See No. 7