APPLICATION FOR ZONING CERTIFICATE

Application No. $14-2023$

Date 5-21-23

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

Representations contained herein, all of which applicant swears to be true.
1) Location of the Property 10585 Miller Rentw Johnstown
of 43031
2) Name of the Land Owner Ish & Anny Cisti
3) Occupant Same AS ABOUT
4) Proposed use: Residence (); Number of families (); Garage() Accessory Building(); Sign Board(); Sizesq.ft.; New(); Remodeling(); Business(); Manufacturing (); Kind/4 _ deck
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 Frontageft.
B. Set back from side of right of wayft.
C. Side yard Clearancesideft.
D. Rear Yard Clearanceft. E. Depth of lot from right of wayft. See Affact.
E. Depth of lot from right of wayft.
F. Dimensions of building Widthft.
Depthft.
G. Highest point of building above established gradeft.
H. Width and length of drivewayft.
I. Off street parking spacesq.ft.
8) Buildings Use:
number of stories Basementsq.ft.
Usable floor space designed for use as living quarters exclusive of basements, porches, garages, breezeways
terraces, attics, or partial stories. First floorsq.ft.; Second floorsq.ft.
Garagesg.ft; Off street parking spacesq.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 \$ \(\begin{align*} \begin{align*} \frac{1}{2}, \begin{align*} \frac{1}{2} \\ \end{align*} \]	
(2) Remarks	
County Permits Required: Licking County Health Department Sewer Permit # Applicant Iong Tucktt Custom Docks CTuckett County for the county for	-
County Permits Required:	
Licking County Health Department	- 00 0
	. R.K. COM
Well Permit #	
NOTE: This permit expires 18 months after date of application. NOT TRANSFERABLE	
Inspector Allery)
Approved) or (Denied) on S	hal and
Approved) or (Denied) on	4WC
This property (is, is not) in an identified Flood Plain.	
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	(North)
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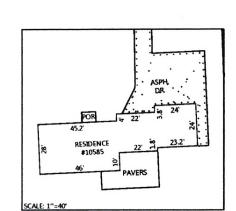
www.talontitle.net

STARS
SURVEY TRACKING
AND
RETRIEVAL SYSTEM
www.surveystars.com



PROPERTY ADDRESS: 10585 MILLER ROAD NORTHWEST, JOHNSTOWN, OHIO 43031

SURVEY NUMBER: 1910.0649

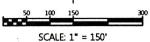


MILLER ROAD (C.R. 89)
N 87°4721° E 158.007
3.23 Ac
3.23 Ac
3.23 Ac
3.23 Ac
3.23 Ac
3.23 Ac

Dovid
B.
McCoy
S-7632
STEEN

THIS PLAT IS NOT TO BE USED TO ERECT FENCES OR OTHER STRUCTURES, AND MAY NOT SHOW ALL EASEMENTS AFFECTING THE SUBJECT TRACT

LSGI#: 19100649



POINTS OF INTEREST: NONE VISIBLE.

CLIENT NUMBER: 19672550-PIC

DATE: 10/08/19

THIS MORTGAGE LOAN IDENTIFICATION SURVEY IS NOT TO BE USED FOR THE INSTALLATION OR BUILDING OF FENCES, SHEDS, GARAGES, ADDITIONS OR ANY OTHER STRUCTURE. TO DETERMINE EXACT BOUNDARY LINES, A BOUNDARY SURVEY IS REQUIRED.

S 87"26'00" W 158.00"

BUYER: JOSHUA AND AMY CIOTTI

SELLER: THE JUDITH KRELLER LAND TRUST

SUBLOT / ORIGINAL LOT: 3.23 ACRES

SUBDIVISION: METES AND BOUNDS

PLAT:

PG:

COUNTY: LICKING

CERTIFIED TO: JOSHUA AND AMY CIOTTI; TALON TITLE AGENCY

THIS PLAT DEPICTS THE SUBJECT PROPERTY IN ACCORDANCE WITH THE OHIO ADMINISTRATIVE CODE, CHAPTER 4733-39, MINIMUM STANDANDS FOR MORTGAGE SURVEYS IN THE STATE OF OHIO, AND IS NOT A BOUNDARY SURVEY PURSUANT TO CHAPTER 4733-27, OHIO ADMINISTRATIVE CODE

Landmark Survey is proud to support:



LANDMARK

Landmark Survey Group 2099 West Fifth Avenue Columbus, Ohio 43212 Phone: 614.485.9000 Fax: 614.485-9003

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