## APPLICATION FOR ZONING CERTIFICATE

| Application No. | A6 | -11 | <u>l</u> -20 | 23 |
|-----------------|----|-----|--------------|----|
|                 |    |     |              |    |

Date 5-10 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 9951 MILLER RD Loft NOSTOWN OHIO  TERSEY TWR   |
| ISPSEY 1 WIT   |
| 2) Name of the Land Owner NEAL + CATHERINE WENGATZ   |
| 3) Occupant SAME AS ABOUR  |
| 4) Proposed use: Residence ( ); Number of families ( ); Garage( ) Accessory Building( ); Sign Board( ); Size 152 sq.ft.; New (); Remodeling( ); Business( ); Manufacturing ( ); Kind BARN FOR AGRICULTURAL USE   |
| 5) Is this application for a "Temporary Visitors" Certificate? (no)  |
| 6) Is this application for a "Temporary Residence" permit? (y) (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 <u>Z40</u> ft.   |
| B. Set back from side of right of wayft.   |
| C. Side yard Clearance <u>East</u> side <u>270+-</u> ft.<br><u>WEST</u> side <u>650</u> ft.  |
| D. Rear Yard Clearance 800 ft.   |
| E. Depth of lot from right of way 1490 ft.   |
| F. Dimensions of building Width 32 ft.   |
| Depth _36ft.   |
| G. Highest point of building above established grade <u>26</u> ft.   |
| H. Width and length of driveway 12 x850ft.   |
| I. Off street parking spacesq.ft.  |
| 8) Buildings Use: AGRI CULTURAL  |
| 8) Buildings Use: AGRICULTURAL number of stories Z Basement None sq.ft.  |
| Usable floor space designed for use as living quarters exclusive of basements, porches, garages, breezeways  |
| terraces, attics, or partial stories. First floor None of sq.ft.; Second floor None of sq.ft.  |
| Garagesg.ft; Off street parking spacesq.ft.  |

| 9) Have you a "Sewage Disposal Permit" from the Licking County Health Department? (yes) | ( <del>40</del> )  |
|---|--|
| 10) Will you have your own private well or water supply? (yes) (see)                    |  |
| 11) Cost Valuation \$ 220,000   |  |
| 12) Remarks BARN FOR ANIMALS AGRICULTURE  | ac Use   |
| <u>`</u>  |  |
| County Permits Required:  | a de la constantina della cons |
| County Permits Required:  Licking County Health Department  Sewer Permit #              |  |
| Well Permit #   |  |
| NOTE: This permit expires 18 months after date of application. NOT TRANSFERABLE         |  |
| Inspector SAC his   | h  |
| (Approved) or (Denied) on   | 1/2023   |
| This property ( is, (is not )) in an identified Flood Plain.                            |  |
|   |  |
|   | North  |
| See Attachel  |  |
|   | H 2  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

Sketch See No. 7



LICKING COUNTY TAX MAP

Driveway Township Road

Interstates

Municipal Corporations

Interstate/US/State Route

Senterline Labels

Sales - 2023 Sales - 2022

0 0

Other Road Type Licking County Auditor GIS