

APPLICATION FOR ZONING CERTIFICATE

Application No. AS-06-2025Date 20250416

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 2220 Hazelton Etna RD SW Pataskala, OH 430622) Name of the Land Owner Nikko and Michelle Turos3) Occupant Nikko and Michelle Turos

4) Proposed use: Residence () ; Number of families (2); Garage() Accessory Building() ; Sign Board() ;
Size 600 sq.ft.; New(l) ; 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 500 ft.

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

C. Side yard Clearance Left side 6 ft.
Right side 150 ft.D. Rear Yard Clearance 10 ft.E. Depth of lot from right of way 1000 ft.F. Dimensions of building Width 3 ft.
Depth 20 ft.G. Highest point of building above established grade 15 ft.H. Width and length of driveway 0 ft.I. Off street parking space 0 sq.ft.8) Buildings Use: Garage / Workshop / Storagenumber of stories 1 Basement 0 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 0 sq.ft.

Garage 600 Sq. Ft.; Off street parking space 0 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 \$ 18000

12) Remarks I have to build the slab first, then I will build the building on top of it.

Applicant Nikko A. Turos

County Permits Required:

Licking County Health Department

Sewer Permit # _____

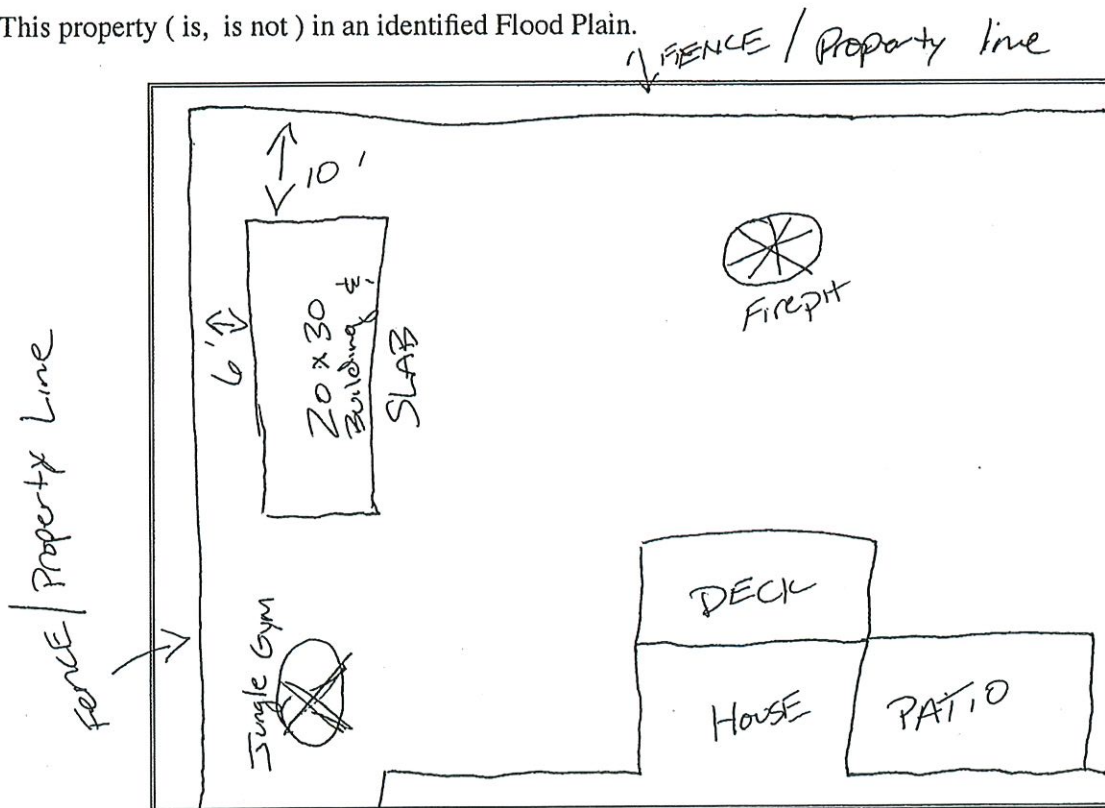
Well Permit # _____

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

Inspector Bud Witney / Zoning Inspector

(Approved) or (Denied) on 4/28/2025

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



Sketch See No. 7