

## APPLICATION FOR ZONING CERTIFICATE

Application No. 22-2023Date 6/27/2023

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 12480 Morse RD  
Pataskala, Ohio, 430622) Name of the Land Owner Patrick H Fry3) Occupant Same4) Proposed use: Residence ( ); Number of families (☒); Garage(☒); Accessory Building( ); Sign Board( );  
Size 1520 sq.ft.; New( ); Remodeling( ); Business( ); Manufacturing( );  
Kind Pole Building5) 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 East side 10' ft.  
\_\_\_\_\_ side \_\_\_\_\_ ft.  
D. Rear Yard Clearance 10' ft. Alley 10'  
E. Depth of lot from right of way \_\_\_\_\_ ft.  
F. Dimensions of building Width 30' ft.  
Depth 48' 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: Personal Storage  
number of stories 1 Basement no 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)

n/a

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

n/a

11) Cost Valuation \$ 30,000

12) Remarks \_\_\_\_\_

Applicant

Patrick Fry

County Permits Required:

Licking County Health Department

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

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

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

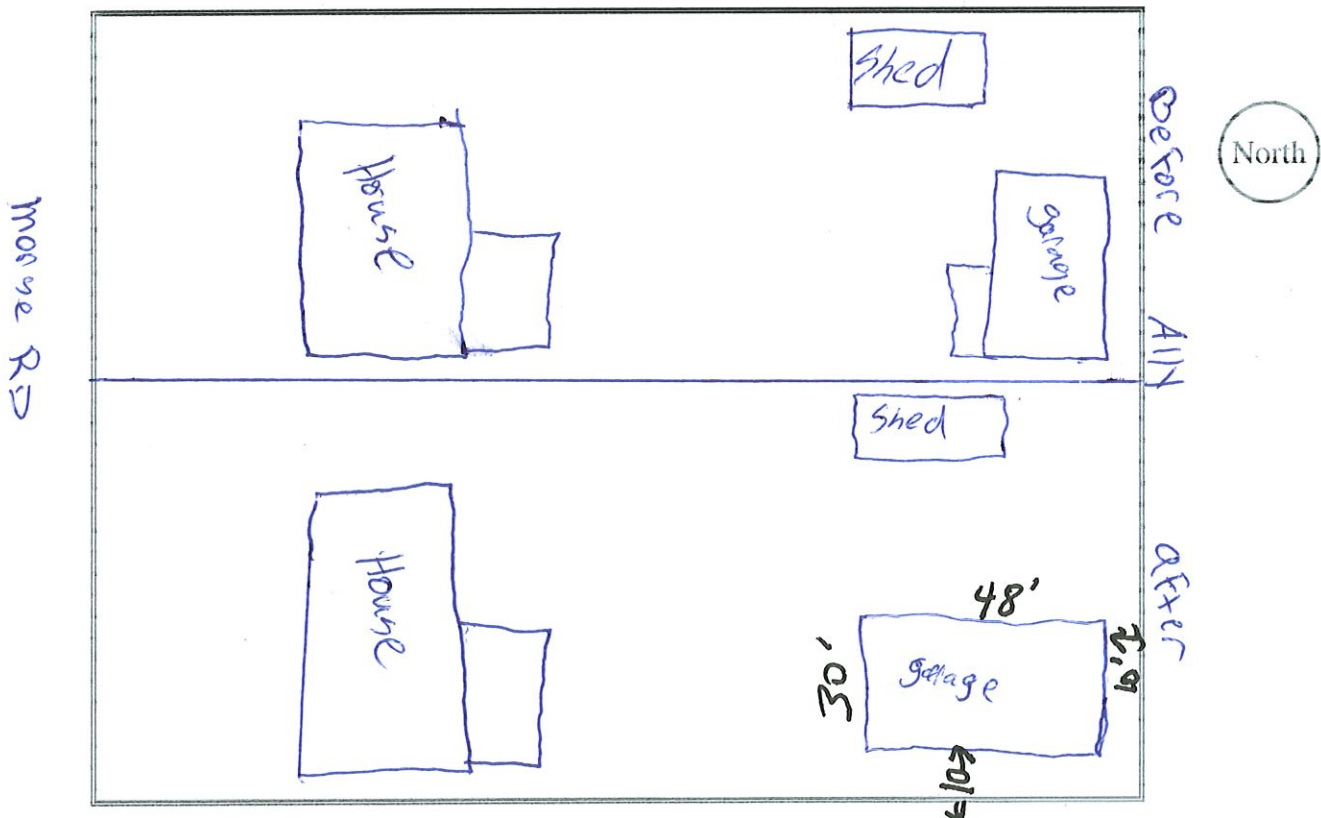
Inspector

St. Glavin

(Approved)

or (Denied) on \_\_\_\_\_

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



Sketch See No. 7