APPLICATION FOR ZONING CERTIFICATE

Application No. 77-2022 2-222291	Date $\frac{11/21/22}{}$	
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 10831 Miller Road NW, Johnstown	2 OH 43031	
2) Name of the Land Owner Patrick + Suzanne Dieh!		
3) Occupant		
4) Proposed use: Residence (♥); Number of families (1); Garage(♥) Accessory Besizesq.ft.; New(); Remodeling(♥); Business(); Manufacturity Kind	uilding(); Sign Board(); ng();	
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 made. (See Reverse Side). Fill in all directions and indicate which direction is	which this application is North with an arrow.	
A. Main Road Frontage 170 ft. B. Set back from side of right of way 31 ft.		
B. Set back from side of right of way 3 ft. C. Side yard Clearance W side 75 ft. E side 65 ft.		
D. Rear Yard Clearance 190 ft. E. Depth of lot from right of way 242 ft. F. Dimensions of building Width 58 ft.		
Depth 40 ft. G. Highest point of building above established grade 16 ft. H. Width and length of driveway 20 + 45 ft. I. Off street parking spacesq.ft.		
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8) Buildings Use: Residential number of stories Basement Sq.ft. Usable floor space designed for use as living quarters exclusive of basements, terraces, attics, or partial stories. First floor 1215 sq.ft.; Second floor	porches, garages, breezeways,sq.ft.	
Garage 500 sg.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 \$ 75,000	
12) Remarks Remodel + Addition of residence Adding Soo sq	
12) Remarks Kemodel + Addition of residence # Adding DOC sq	· Yarage
Applicant Patrick Jel	
County Permits Required:	
Licking County Health Department	A Commence of the Commence of
Sewer Permit # Well Permit #	*
NOTE: This permit expires 18 months after date of application. NOT TRANSFERABLE	
to his	L
Inspector	
(Approved) or (Denied) on	2//2021
This property (is, is not) in an identified Flood Plain.	
See attachments	
Su Attached	(North)



