

## APPLICATION FOR ZONING CERTIFICATE

Application No. 25-2023Date 7-28-23

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 14131 Johnstown Rd.  
Johnstown, Oh, 43031

2) Name of the Land Owner NACO

3) Occupant vacant

4) Proposed use: Residence ( ); Number of families ( ); Garage ( ) Accessory Building ( ); Sign Board ( );  
Size \_\_\_\_\_ sq.ft.; New ( ); Remodeling ( ); Business ( ); Manufacturing ( );  
Kind Demo

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 \_\_\_\_\_ ft.

B. Set back from side of right of way \_\_\_\_\_ ft.

C. Side yard Clearance \_\_\_\_\_ side \_\_\_\_\_ ft.

\_\_\_\_\_ side \_\_\_\_\_ ft.

D. Rear Yard Clearance \_\_\_\_\_ ft.

E. Depth of lot from right of way \_\_\_\_\_ ft.

F. Dimensions of building Width \_\_\_\_\_ ft.

Depth \_\_\_\_\_ ft.

G. Highest point of building above established grade \_\_\_\_\_ ft.

H. Width and length of driveway \_\_\_\_\_ ft.

I. Off street parking space \_\_\_\_\_ sq.ft.

See Attached

8) Buildings Use: \_\_\_\_\_

number of stories \_\_\_\_\_ Basement \_\_\_\_\_ 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)

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

11) Cost Valuation \$ 15,000.00

12) Remarks Demolition of all structures

County Permits Required:

Licking County Health Department

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

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

Applicant Gary Roberts

Gary Roberts

740-404-5447

garyrobertstransport@gmail.com

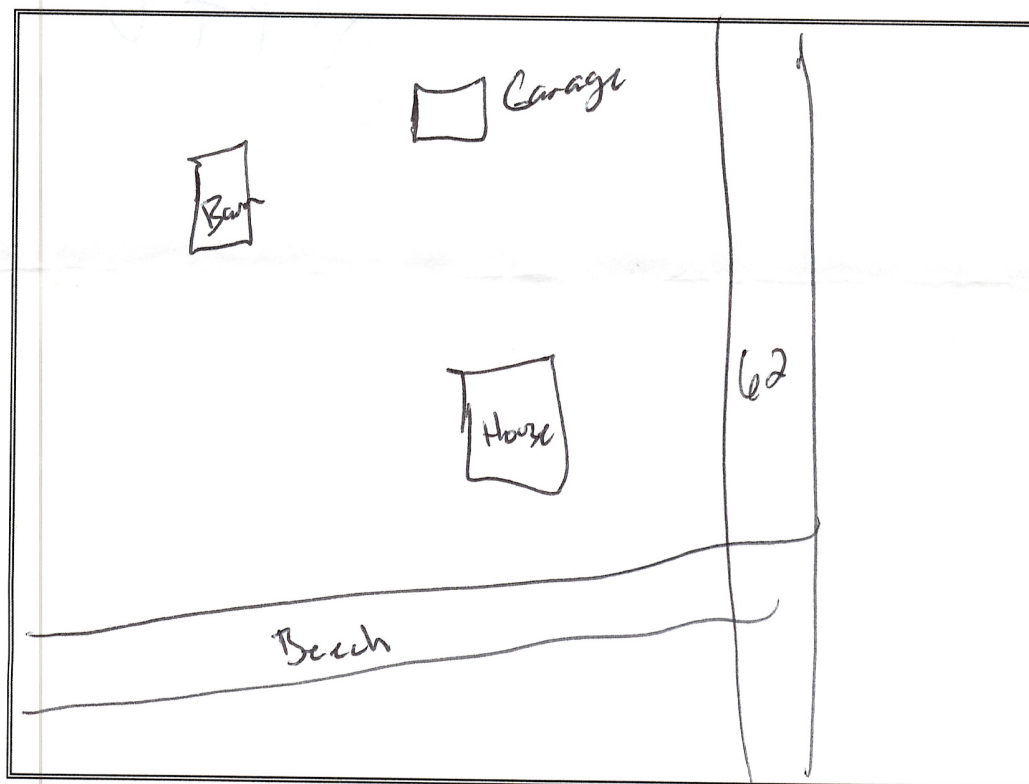
hotmail.com

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

Inspector SAC Litch

(Approved) or (Denied) on 9/1/2023

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



Sketch See No. 7

DS-25-2023

