APPLICATION FOR ZONING CERTIFICATE

Application No. $45-05-2023$ Date $4/3/2023$
Application No.
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 388 Mink
2) Name of the Land Owner Mon B Poudel
3) Occupant
4) Proposed use: Residence (); Number of families (); Garage() Accessory Building(); Sign Board(); Size 600 sq.ft.; New(); Remodeling(); Business(); Manufacturing (); Kind pole Bulinding
5) Is this application for a "Temporary Visitors" Certificate? (yes) (ho)
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 80 ft.
B. Set back from side of right of wayft.
C. Side yard Clearance Sath side 164' ft.
Worth side $\pm 250^{\circ}$ ft.
D. Rear Yard Clearanceft.
E. Depth of lot from right of way 879 ft.
F. Dimensions of building Width $\frac{70}{2}$ ft.
Depth 30 ft.
G. Highest point of building above established gradeft. H. Width and length of drivewayft.
I. Off street parking spacesq.ft.
8) Buildings Use: <u>Processing</u> for live Stocks growing on property. number of stories Basement sq.ft.
number of stories Basementsq.ft.
Usable floor space designed for use as fiving quarters exclusive of basements, porches, garages, breezeways
terraces, attics, or partial stories. First floorsq.ft.; Second floorsq.ft.

Garage____sg.ft; Off street parking space ____sq.ft.

12) Domarka				
12) Remarks				

	Applicant _	3	m	
County Permits Required: Licking County Health Department	rippiicant <u>.</u>		Α.	
Sewer Permit # Well Permit #		· *		
NOTE: This permit expires 18 months after da	te of application. No	OT TRANSFER	RABLE	
		10	-1-1	·
	Inspector	t		<u> </u>
	Approve	d) or (Denied)	on $\frac{4}{3}$	Z023
This property (is, is not) in an identified Floo)	*	· 4
property (16, 16 not) m an identification				
	. 1			
See A	Hach			North
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			1	

Sketch See No. 7

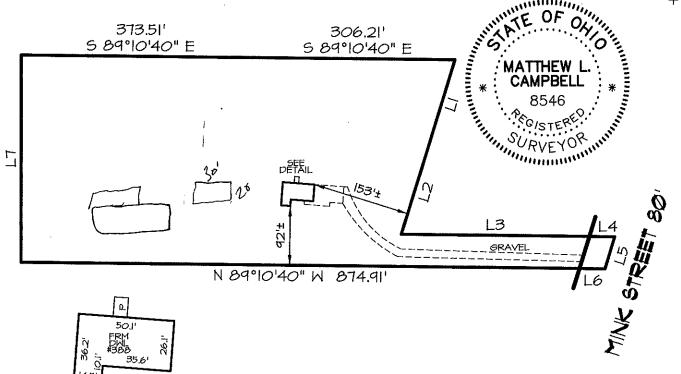


614.785.9340 Fax: 614.785.9342 77 E Wilson Bridge Road Suite 205 Worthington, OH 43085

http://www.campbellsurvey.com

Mortgage Location Survey

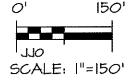
LINE	BEARING	DISTANCE
L1	S 17'27'24" W	134.10'
L2	S 17°27'24" W	150.00'
L3	S 89'10'40" E	294.45'
L4	S 89'10'40" E	40.00'
L5	S 17'27'27" W	52.19'
L6	N 89'10'40" W	40.00'
L7	N 00'17'39" E	322.30'



I/WE HAVE RECEIVED A COPY OF THIS SURVEY AND FIND THE CONDITIONS ACCEPTABLE TO ME/US.

BUYER/OWNER

12210911738



Street Address:

388 Mink St SW, Pataskala, Ohio 43062

New Owner:

Mon Poudel, Chhabi Poudel and Padma Chhetri

DETAIL SCALE: 1"=50'

Allotment:

Record Info:

Client Order No:

Date: October 11, 2021

Present Owner: John T Franklin

This is to certify to:

Chicago Title Insurance Company that a visual inspection of the property and buildings shown (if any) has been made and there are no apparent encroachments or visible easements unless otherwise shown. This service was not performed for the purpose of establishing boundary lines, and is not to be used for that purpose.

This Mortgage Location Survey has been prepared in accordance with Chapter 4733-38, Ohio Administrative Code, and is not a boundary survey pursuant to Chapter 4733-37, Ohio Administrative Code.

Matthew L. Campbell - Reg. Surveyor No. 8546

mon poudel 97@ gmai).com