

APPLICATION FOR ZONING CERTIFICATE

Application No. _____

Date _____

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 _____

2) Name of the Land Owner _____

3) Occupant _____

4) Proposed use: Residence () ; Number of families () ; Garage() Accessory Building() ; Sign Board() ;
Size _____sq.ft.; New() ; 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 _____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.

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 _____sg.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 \$ _____

12) Remarks _____

Applicant _____

County Permits Required:

Licking County Health Department

Sewer Permit # _____

Well Permit # _____

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

Inspector _____

(Approved) or (Denied) on _____

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

