

APPLICATION FOR ZONING CERTIFICATE

(R.C 519.16)

Application No. \_\_\_\_\_

Date \_\_\_\_\_

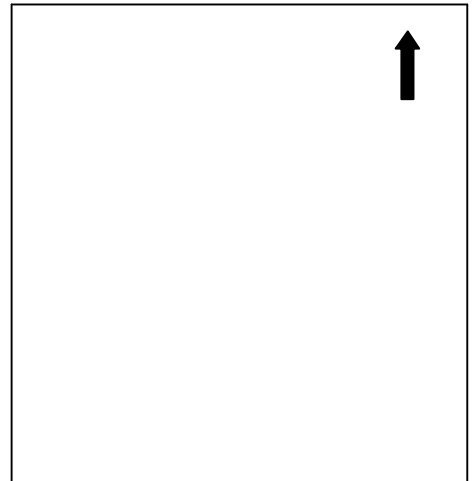
LICKING Township, Licking County to the Board of Twp. Trustees:

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 property
2. Name of Land Owner Telephone No. Address
3. Occupant
4. Proposed use: Residence ( ): Number of families ( ): Garage ( ): Accessory Building ( ): Sign Board ( ): Size sq.ft. New ( ): Remodeling ( ): Business ( ): Manufacturing ( ): Other
5. Is this an application for "temporary Visitors" Zoning Certificate (Yes) (No) Kind
6. Is this an application for "temporary Residence" permit? (Yes) (No)
7. Sketch a lot, showing existing building and proposed construction or use for which this application is made.

(Fill in all directions and indicate which direction is north).

- 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 W L
I. Off street parking space sq. ft.



- 8. Buildings: Use
Number of stories Basement

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. Off street parking space sq. ft.

- 9. Have you a "Sewage Disposal Permit" from Licking County Board of Health? Yes ( ) No ( ) Permit #
10. Will you have your own private well or water supply? Yes ( ) No ( )
11. Remarks

Witness: \_\_\_\_\_ Applicant: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

This permit expires six months after date of application.

NOT TRANSFERABLE

Permit Fee Paid By: \_\_\_\_\_ -Inspector: \_\_\_\_\_

Amount: \_\_\_\_\_ -

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Upon the basis of the above application, the statements in which are made a part thereof, the proposed usage is found to be in accordance with the Township Zoning resolution and is hereby approved for the following District by the Township Zoning Inspector:

Date of Approval or Refusal \_\_\_\_\_

Reason for Refusal \_\_\_\_\_

Date of Expiration on "Temporary Certificate" \_\_\_\_\_

WAS VARIANCE NEEDED FOR THIS PERMIT? \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_