

APPLICATION FOR ZONING CERTIFICATE

Application No. <sup>DS</sup> 26-2024

Date 11-11-24

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 1896 Mink St. Johnstown, Oh. 43031

2) Name of the Land Owner MBJ Holdings LLC

3) Occupant vacant

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

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.

APPLICATION FOR ZONING CERTIFICATE

Application No. 20-1021

Date 11-11-21

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 10000 W. Main St., West

2) Name of the Land Owner 10000 W. Main St., LLC

3) Occupant 10000 W. Main St., LLC

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

5) Is this application for a "Temporary Visitor" Certificate? (yes) (no)

6) Is this application for a "Temporary Resident" 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.
- 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 basement, 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 \$ 18,700.<sup>00</sup>

12) Remarks Demolition of all structures

County Permits Required:  
Licking County Health Department  
Sewer Permit # \_\_\_\_\_  
Well Permit # \_\_\_\_\_

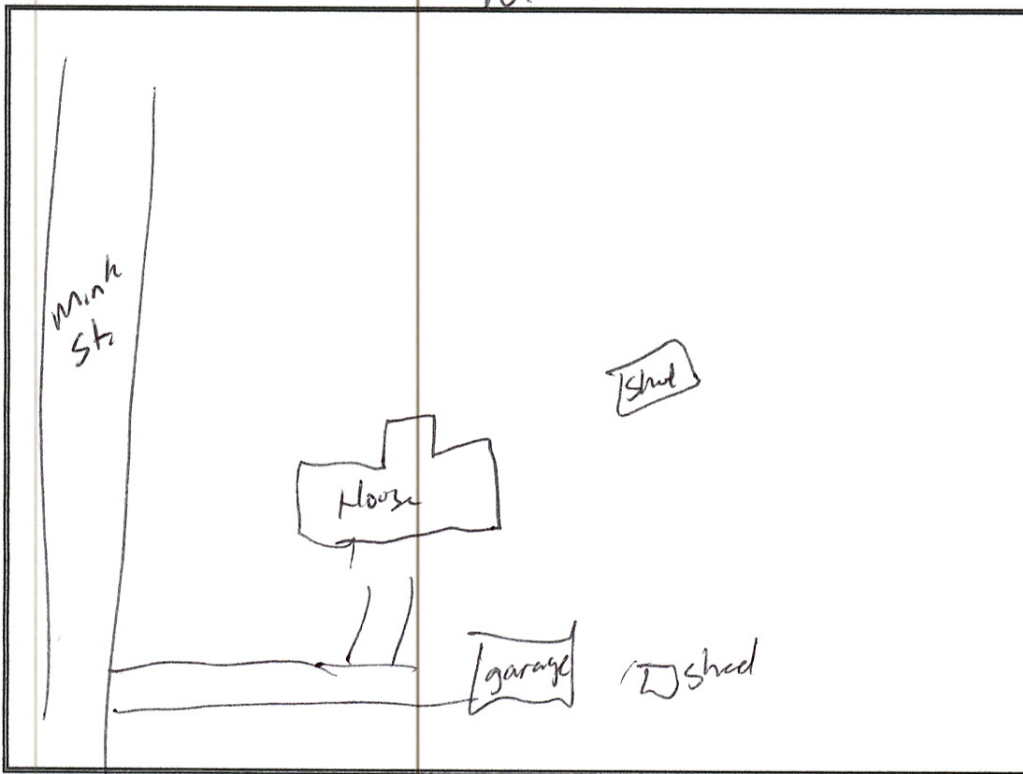
Applicant Gary Roberts Transport  
garyrobertstransport@hotmail.com  
740-404-5447

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

Inspector SA 6 Litch

(Approved) or (Denied) on 11/20/2024

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



Sketch See No. 7



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