

# APPLICATION FOR ZONING CERTIFICATE (R.C. 519.16)

Application No. ....

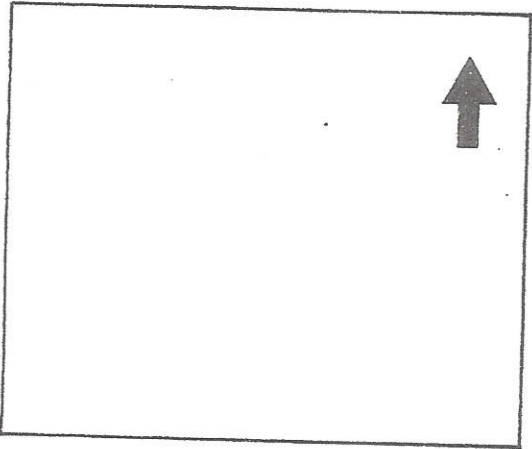
Date .....

St. Albans 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 .....  
Address .....
- 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 an application for "temporary Visitors" Zoning Certificate (Yes) (No)
- 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 front 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 .....
- I. Off street parking space ..... sq. ft.



- 8. Buildings: Use.....  
Number of stories ..... Basement .....
- Useable 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 ( )
- 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 .....

This permit expires six months after date of application.

Valuation .....

Permit Fee .....

Inspector .....

## ZONING CERTIFICATE (R.C. 519.16)

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" .....

**ST. ALBANS TOWNSHIP  
ZONING FEES**

A. Zoning Certificate	\$50.00 minimum charge
B. Residence (single family)	\$100.00 plus \$0.10 per sq. ft. of finished living area
C. Room addition to existing structure	\$50.00 plus \$0.10 per sq. ft. of finished living area
D. Additions to existing structures other than residence	\$100.00 plus \$0.20 per sq. ft.
E. Garage/accessory bldg/ pools/decks	\$50.00 plus \$0.10 per sq. ft.
F. Commercial and Industrial Structures and radio towers	\$500.00 plus \$0.20 per sq. ft.
G. Re-Zoning application	\$1000.00*
H. Board of Zoning Appeal applications (conditional use, variance or appeals)	\$1000.00*
I. Sign permit	\$100.00 plus \$1.00 per sq. ft. per side of use
J. Driveway permit	To Be Determined based upon size
K. Zoning Resolution book	Current Cost
L. Returned checks	\$30.00

\*For applications of re-zoning or Board of Appeals conditional use, variance or appeals, this is the base fee. If the expenses for such applications are more than that of the base fee the applicant will be billed for the additional expenses over the base fee.