

### Application for Zoning Certificate

*Liberty Township, Licking County, OH To The Board of The Township Trustees*

The undersigned hereby applies for a zoning certificate for the following use, to be used on the basis of the representations contained herein, all of which applicant swears to be true.

*Please complete FRONT and BACK of form and return to Zoning Inspector with all required documentation.*

1 Applicant Information  
Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
(street) (mailing) (city) (state) (zip)  
Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ circle one: Cell Home  
email address: \_\_\_\_\_

2 Location of Property  
Address: \_\_\_\_\_  
(street) (city) (state) (zip)

3 Full Name of Landowner: \_\_\_\_\_

4 Full Name of Occupant: \_\_\_\_\_

5 Proposed use (circle one) residence accessory building garage  
Other/Description: \_\_\_\_\_

6 **On a separate piece of paper, sketch a lot plan** showing existing buildings and proposed construction or use for which this application is made. The applicant is responsible to know and show all the correct property lot lines and easements. Fill in all directions and indicate which direction is North.

- A. Main road frontage: \_\_\_\_\_ feet
- B. Setback from center of Right of Way: \_\_\_\_\_ feet (*minimum of 100 feet*)
- C. Side yard clearance: Left: \_\_\_\_\_ feet Right: \_\_\_\_\_ feet (*minimum of 35 feet each side*)
- D. Rear yard clearance: \_\_\_\_\_ feet (*minimum of 75 feet*)
- E. Depth of lot from Right of Way: \_\_\_\_\_ feet
- F. Dimensions of building: Width: \_\_\_\_\_ feet Depth: \_\_\_\_\_ feet
- G. Highest point of building above established grade: \_\_\_\_\_ feet
- H. Width and Length of Driveway: Width \_\_\_\_\_ feet Length: \_\_\_\_\_ feet
- I. Off Street Parking Space: \_\_\_\_\_ Sq. Feet

7 Building: Use: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

Useable floor space designed for use as living quarters, including basement, breezeways, terraces, attics or partial stories

First Floor: \_\_\_\_\_ Second Floor: \_\_\_\_\_ Basement: \_\_\_\_\_

Attic: \_\_\_\_\_ Garage: \_\_\_\_\_ Other: \_\_\_\_\_

TOTAL SQUARE FOOTAGE: \_\_\_\_\_

8 Have you obtained a Sewage Disposal Permit" from the County Board of Health? \_\_\_\_\_

9 Will you have your own private well or water supply? \_\_\_\_\_

10 Is this property located in a flood plain? \_\_\_\_\_

11 Cost Valuation of Project \$ \_\_\_\_\_

12 Remarks \_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notary Documentation**

STATE OF OHIO

\_\_\_\_\_ County

Sworn to and subscribed to in the presence \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

Notary Public \_\_\_\_\_

**This permit expires 6 months after date of application**

Zoning Inspector Signature \_\_\_\_\_ Date: \_\_\_\_\_

Permit # \_\_\_\_\_

**CALCULATIONS**

Number of Square feet: \_\_\_\_\_

cost of permit \$ \_\_\_\_\_

Cost per square foot: x \$0.15