

### 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.*

per Zoning Resolution Section 301 #10, the Zoning Inspector may request additional information not included in this application when it is felt that "Such other matters as may be necessary to determine conformance with, and provide for the enforcement of this resolution."

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)

Property Type: CN AG R-87 LB GB M-1 PB FP TC *(circle one)*

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

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

5 Proposed use *(circle one)* residence accessory building garage pool

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 *(AG minimum of 100 feet)*
- C. Side yard clearance: Left: \_\_\_\_\_ feet Right: \_\_\_\_\_ feet *(AG minimum of 35 feet each side)*
- D. Rear yard clearance: \_\_\_\_\_ feet *(AG 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 including basement, breezeways, attics or partial stories, and all parts under roof

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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13 Initial below those items received (for projects on township roads)

\_\_\_\_\_ I have received the township's Driveway Culvert Installation and Excavation Permit Application  
\_\_\_\_\_ I have received the township's Road Damage Policy

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

**Notary Documentation**

STATE OF OHIO

\_\_\_\_\_ County

Sworn to and subscribed to in the presence this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

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

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

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

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

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

**CALCULATION:**

Number of Square fee \_\_\_\_\_

Cost per square foot: x \$0.15

Pool \$75

(in R-87 pool must be enclosed in 6 foot fence) Page 2 of 2