Form ZI-1 (R. C. 519.16)

APPLICATON FOR ZONING CERTIFICATE

MCKEAN 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.

LOCATION OF PROPERTY
NAME OF LAND OWNER
ADDRESS
Proposed Use: Residence (); number of families (); Garage (); Accessory Building (); Sign Board (); Size Sq. Ft. New (); Remodeling (); Business (); Manufacturing (); Kind
Sketch a lot, showing existing building and proposed construction or use for which this application is made. (see reverse side) (Fill in all directions and indicate which direction is North)
Main road frontageft. Dimensions of building – Widthft Depthft
Depthft Side Yard ClearanceSideft Sideft
Rear Yard Clearanceft Highest point of building above established gradeft
Buildings: USEBasement
Number of stories Basement Basement
Useable floor space designed for use as living quarters exclusive of basements, porches, garages, breezeways, terraces, attics, or partial stories
FIRST FLOORSQ. FT. SECOND FLOORSQ.FT.
TOTAL SQUARE FEETSQ.11.
Have you a "Sewage Disposal Permit" from Licking County Board of Health?
Yes () No () Permit number or existing
Will you have your own private well or water supply? Yes () No ()
Permit number or existing

Cost of New Structure \$	
Remarks	
Applicant Signa	nture
State of Ohio	
County	
Sworn to and subscribed in my presence thisd	ay of200
Notary Public _	
_	
This permit expires six months after date of application	ı .
NON TRANSFERABLE	
This property (is, is not) in an identified flood plain.	
	<u> </u>
	Zoning Inspector

Minimum placement for home 120 feet from center of road 65 feet side yard 65 feet back yard