Application Number	Date
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Jackson Township, Pickaway County Application for Zoning Certificate

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 and exact.

1.	Property ad	mess (menude nouse i	number)				
2.	Applicant:	Name		Phone			
		Address					
		City		State _		Zip Code	
3.	Owner:	Name			Pho	ne	
		Address					
		City		State _		Zip Code	
4.	Legal Desci	ription: Deed		Volume _		(Attach Survey)	
5.	Existing Us	e:				· · · · · · · · · · · · · · · · · · ·	
6.	Proposed U	se: New Const	ruction R	demodeling _	Residence	Accessory Building	
	Busin	ess Manufactur	ringSign I	Board	Size Other	er (Describe)	
7.	Zoning district in which property is presently located:						
8.	Attach three	e copies of a sketch of	the lot, showing	existing build	ings and proposed	d construction or use for	
	which this a	application is made. ((Fill in all dimen	sions and indic	cate which direction	on is North.)	
	a) Main roa	ad frontage (width)	ft. t) Depth of lot	from center of hi	ghway ft.	
9.	Building da	ta: Number of stories	s	Basemen	t?	Garage?	
10.	Usable floor	r space designed for u	se as living quar	ters exclusive o	of basements, por	ches, garages, breezeways	
	terraces, att	ics or partial stories.					
	First floor:		square feet	Second Floo	or:	square feet	
	Side yard w	ridth: Right side	feet Left	side	_ feet Rear yard	depth feet	
	Dimensions	of Building: Width	fee	t Depth	feet Hig	ghest point of building	
	above estab	olished grade	feet				
11.	Fee:	Applicant	's Signature				
				ERTIFICATE			
	Upon t					part hereof, the proposed	
		t found to be in	accordance wit	h the towns	hip Zoning Res	solution and is hereby	
usa	ge is/is no	t tourid to be in					
	_	proved in the followin	g district				

Township Zoning Inspector