

Zoning Inquiry

Number _____
Phone Call _____

Date: 7/ Township: Gilead

Name of Owner: John Kerr, Elizabeth

Current Mailing Address: _____

Best Phone #: 614-531-4157 Les Miller
330-231-1155
419-368-4961

Address of Subject Property: 4300 TR 110

Structures presently located on Property: _____

New Construction	Accessory Building	Other: Please explain what you would like to do with your property or complaint
Survey <small>(Engineer's Office)</small>	Survey <small>(Engineer's Office)</small>	
Auditor's page <small>From Website</small>	Auditor's page <small>From Website</small>	
On-Site <small>(Health Dept.)</small>	Drawings	
Drawings	Stake out 4 corners	
Stake out 4 corners	Use of Bldg	(New house detached garage might be later, if BZA approves).

Property Owner _____

House staked OK 7/2/13 JLL

Zoning Department _____ Recommendations _____

Director of Operations _____ Recommendations _____

Conditional Use
 Variance
 Re-Zone
 Zoning Permit
 Nuisance

Rev. Daniel J. Lemke

From: Les Miller <les@jrweaverhomes.com>
Sent: Wednesday, July 03, 2013 10:34 AM
To: 'Rev. Daniel J. Lemke'
Subject: RE: Kerr, TR 110, Zoning

Yes, Dan, we will take care of this. Is it ok if we send it out today via US Mail?

From: Rev. Daniel J. Lemke [<mailto:zoninginspector@morrowcounty.info>]
Sent: Wednesday, July 03, 2013 10:20 AM
To: les@jrweaverhomes.com
Subject: FW: Kerr, TR 110, Zoning

So, will someone be getting a check to us?

Rev. Daniel J. Lemke

Zoning Inspector

www.MorrowCounty.info

From: Rev. Daniel J. Lemke [<mailto:zoninginspector@morrowcounty.info>]
Sent: Tuesday, July 02, 2013 1:09 PM
To: 'Les Miller'
Subject: RE: Kerr, TR 110, Zoning

Let's split the difference, and call it a nice round 2030 square feet? That makes the permit fee \$835.50. You can, if you like, prepay the additional \$50.00 fee for the Compliance Inspection that is required upon completion. If you opt to do so, that brings the total to \$885.50.; check should payable to "Morrow County Zoning."

All good?

Rev. Daniel J. Lemke

Zoning Inspector

www.MorrowCounty.info

From: Les Miller [<mailto:les@jrweaverhomes.com>]
Sent: Tuesday, July 02, 2013 12:45 PM
To: 'Me'
Subject: RE: Kerr, TR 110, Zoning

Dan,

Yes, the house is a one story, plus basement.

The DETACHED garage is NOT a part of the current request...may come later.

Right now the basement is completely unfinished. The owner are however "thinking" about the possibility of finishing out a bathroom.

Living space is approximately 2026 square ft.

Attached is the Morrow County Health Department Site Review Report.

Data For Parcel G19-001-00-321-20

Base Data

Parcel: G19-001-00-321-20
Owner: ADKINS RACHAEL A
Address: 4300 TWP 110 RD



Tax Mailing Address

Tax Mailing Name: ADKINS RACHAEL A
Address: 161 STONEHOPE DRIVE
City State Zip: DELAWARE OH 43015

Owner Address

Owner Name: ADKINS RACHAEL A
Address: 4300 TWP 110 RD
City State Zip: MOUNT GILEAD OH 43338

Geographic

City: UNINCORPORATED
Township: GILEAD TOWNSHIP
School District: MT GILEAD EVSD

Legal

Legal Acres:	5.095	Homestead Reduction:	NO
Legal Description:	TRACT#20 GILEAD MEADOWS NE1/4 RTS:211312	2.5% Reduction	NO
Land Use:	501 - RESID UNPLAT 0-09.99 ACRES	Foreclosure:	NO
Neighborhood:	00700	Board of Revision:	NO
Number Of Cards:	0	New Construction:	NO
Annual Tax (Does not include delinquencies.):	\$390.36	Divided Property:	NO
Map Number:		Routing Number:	427 SE

Notes

Notes: DEED NUMBER: 648/738
 ZONING:

Report Discrepancy

CAMA database last updated 7/2/2013 12:02:59 AM.

Rev. Daniel J. Lemke

From: Rev. Daniel J. Lemke <zoninginspector@morrowcounty.info>
Sent: Thursday, June 20, 2013 10:56 AM
To: 'les@jrweaverhomes.com'
Cc: Morrow County Zoning
Subject: Kerr project, TR 110

Good morning, Mr. Miller. Thank you for contacting our office.

Having had a brief moment to look at the site plan you submitted by e-mail yesterday, I felt it important to share the following, from the Morrow County Zoning Resolution:

*“Accessory buildings shall be constructed not closer to the road in than minimum setback line for the principal building **nor shall any accessory building be constructed in front of the principal building.**” (Emphasis added.)*

Customary and historic interpretation has held the phrase “in front of” contained within the above excerpt to mean “nearer to the right-of-way than” the principal building. In other words, the fact that your site plan shows the proposed detached garage to be offset toward one side of the lot does not satisfy the criteria that the accessory building not be in front of the proposed house.

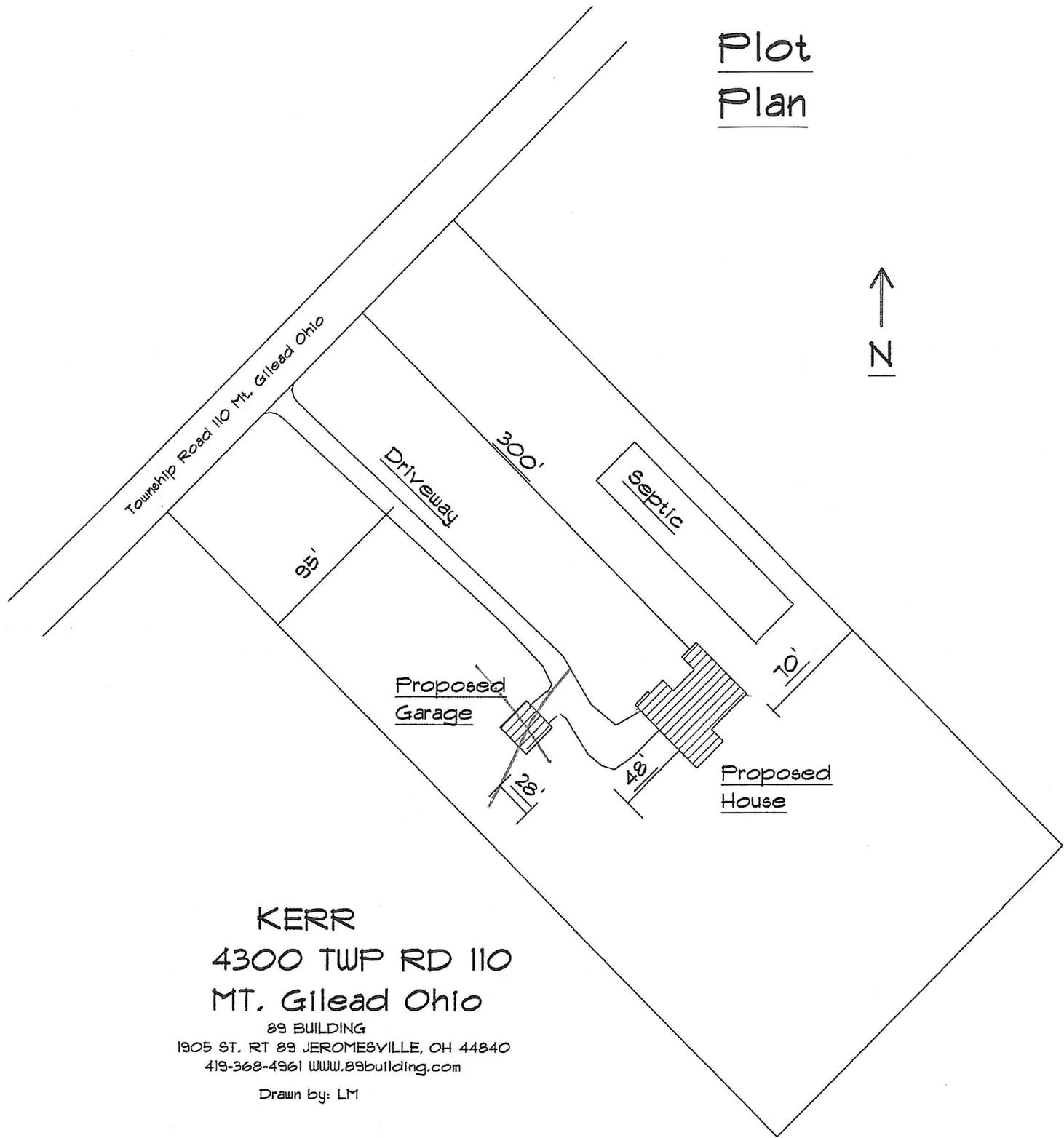
As we see it, the nearest point of the accessory building to the right-of-way must be at least as far from that right-of-way as is the nearest point of the primary building. Therefore, the site plan you submitted cannot be approved.

Please let us know if you have any questions regarding these requirements. We will be happy to assist you in any way we are able.

Respectfully,

Rev. Daniel J. Lemke
Zoning Inspector
www.MorrowCounty.info

Plot
Plan



KERR
4300 TWP RD 110
MT. Gilead Ohio

89 BUILDING
1905 ST. RT 89 JEROMESVILLE, OH 44840
419-368-4961 WWW.89BUILDING.COM

Drawn by: LM

MORROW COUNTY HEALTH DEPARTMENT SITE REVIEW REPORT

Name John Kent

Township Greene

Location 4300 TR 110

This evaluation is based upon information provided on the attached application as well as the results of a field inspection of the lot. The purpose of this review is to determine if this lot meets the criteria for a building lot in Morrow County and to provide the soil evaluator/system designer with information needed to determine the type and size of system required for the proposed residence.

Ideally - filter bed 20 ft. of house of 2/3 off high poi.

Preliminary Site Review - For illustration only

<p>See Technical Review Board Requirements if applicable.</p> <p>Contact soil scientist/site evaluator for site and soil evaluation.</p> <p>Contact system designer <i>septic contractor</i> for design preparation.</p> <p>Get with state/county or township to size culvert. <i>top to toes culvert</i></p> <p>Get house number. <i>#4300</i></p> <p>Contact zoning inspector if applicable. <i>@ Walnut St. Bldg</i></p> <p>Bring all above paperwork to Health Department for Site and System Review.</p> <p>Apply for septic permit. <i>@ Hlth Dept</i></p> <p>Apply for well permit if applicable. <i>@ Hlth Dept</i></p> <p>Other: <u>Plan Plan Plan 18'</u></p>	
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Total Number of Bedrooms 3

This site is: ~~Conditionally Approved pending soil scientist/soil evaluator report and system design plan~~

~~Not Approved~~

Approved

Comments: _____

Date 5-9-13 Sanitarian [Signature]

Evaluation void after one year. Also void if significant changes are made to original proposal, or state rules change regarding Household Sewage Treatment Systems.

APPLICATION FOR MORROW COUNTY ZONING PERMIT

Date: 7/ Gilead Township Application No. 13-

Location of Building Site: Road/Route: Twp. Rd. 110 House #: 4300

Name of Owner: Jan & Elizabeth Ker Phone #: _____ Cell #: _____

Current Mailing Address: _____

Property Zoned As: Residential Property Existing Use As: _____
Deed Recorded: Date: _____ Volume _____ Page _____ Plat Received:

Proposed Building: New construction: Addition:
Residence: Business: Industry/Commercial: Agriculture: Accessory Building: Other:
of Bedrooms: 3 # of Bathrooms: 2 Dimensions: 58' x 56' irreg.
Lot Size: 5+ Sq. Ft. of living space: 2030 # of Stories: 1 + bsmt Garage: 2 car
Type: Frame Use: Single fam. res. w/Att. gar.
Type of Sewage Disposal: Septic Health Department On-Site Signed By: _____

(If proposed use is commercial or industry, enclose a detailed description of the nature of the business or industry)

Application Approved: Application Denied:

Denial Explanation: Detached garage shown on Plot Plan is not a part of this approval. Call to schedule required Compliance Inspection when complete.

The undersigned applies for a zoning permit. Said permit to be issued on the basis of the information contained within this application. The applicant certifies that the information provided above is correct and the use is as stated. **This Application for a Zoning Permit is for (1) year only from the date of issuance. After (1) year a new Application for a Zoning Permit will be issued with appropriate fees being applied.** The applicant further agrees to contact the Morrow County Zoning Office 419/946-1911 once building is complete for a final inspection at which time Applicant will receive Zoning Certificate By signing this Application Applicant is giving permission to Morrow County Zoning Inspector to enter property.

Signature of Application: [Signature] Date: _____
(For Official Use Only)

Date Received: _____ Fee Paid: _____ Check Number: _____ Cash: _____