



3864 West Bath Road P.O. Box 1188 Bath, Ohio 44210-1188 330.666.4007 Fax:330.666.0305 www.bathtownship.org

- Conditional Use Application -

For office use only:	ARC File No.:	BZA File No.:
Associated permits:		

Applicant Data

Name: _____

Company Name: _____

Address: _____

Telephone No.: _____

Property Data

Zoning District: (circle one) R-1 R-2 R-3 R-4 B-1 B-2 B-3 B-4

Corner Lot: Yes No Note: Corner lots are required to meet the front setback on both streets.

Property Address: _____ Parcel No.: _____

Allotment Name: _____ Lot No.: _____

Owner(s): _____

Owner Address: _____

Telephone No.: _____

Conditional Use(s) Requested

Below list the specific section of the Zoning Resolution referencing the conditional use being sought as well as a description of each use.

1. Section: _____ Description: _____

2. Section: _____ Description: _____

3. Section: _____ Description: _____

4. Section: _____ Description: _____

Contiguous Property Owners List (name & tax mailing address)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Data Required With Conditional Use Application (8 copies of each along with a digital copy of site plan and plans)

1. Site plan as specified in **Article III, Section 301-5**.
2. Complete plans and specifications for all proposed development and construction, and where appropriate, reclamation.
3. A statement supported by substantiating evidence regarding the requirements enumerated in **Article VIII, Section 801-2**.
4. Applicant shall state a reasonable time to complete development plans or proposed structure.
5. The recommendations of the Appearance Review Commission as specified in **Article XI**.

Applicant Certification

Applicant Signature: _____ Date: _____

Fee – due at time of application (make check payable to *Bath Township Trustees*)

- for residential applications – two hundred dollars (\$200.00)
- for commercial/business applications – three hundred dollars (\$300.00)
- for major subdivisions or use variances – five hundred dollars (\$500.00)

For Office Use Only

Appearance Review Commission File No.: ARC - -

Board of Zoning Appeals File No.: BZA - -

Hearing Date: _____ Public Notice Date: _____

Published In: _____ Abutting Property Owners Notification Date: _____

- Approved Approved with Conditions Denied

Comments: _____

Zoning Inspector Signature: _____ Date: _____