



- Business Use Certificate Application -

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|----------------------|-------------|---------------|---------------|
| For office use only: | Permit No.: | ARC File No.: | BZA File No.: |
|----------------------|-------------|---------------|---------------|

Note that before any occupancy or change of occupancy in a business district building occurs, application shall be made to the Zoning Inspector for a Business Use Certificate (this will include the approval of the Bath Township Fire Department).

Application Type (check all that apply)

- New use in a new building
- New use in an existing building
- Change of use in an existing building
- Change of occupant in an existing building

Occupant/Applicant Data

Applicant Name: _____

Business Name: _____

Business Address: _____ Suite: _____

Telephone No.: _____

Business Owner: _____

Business Data

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

Description of business use: _____

Cite the section of the zoning resolution permitting the use: _____

Use Type: Permitted Conditionally Permitted* Non-conforming* **requires BZA approval*

Square footage of office/leased space: _____

Number of full-time employees: _____ Number of part-time employees: _____

Building Name (if different): _____

Building Address: _____

Building Owner: _____

Owner Address: _____

Owner Telephone No.: _____

Site Data

Please answer each of the following questions. If any answer is yes, a review by the Appearance Review Commission is required. Please contact the Zoning Office to schedule a review.

- Will there be any new signs? yes no If yes, a sign permit is required.
- Will there be changes to any existing signs? yes no If yes, a sign permit is required.
- Will there be any changes to the landscaping? yes no
- Will there be any changes to the parking area? yes no
- Will there be any changes to the building exterior? yes no
- Will there be any other site changes? yes no If yes, please describe below:

Applicant Certification

By signing below the applicant is certifying that all requirements have been met:

Applicant Signature: _____ Date: _____

Fee (make check payable to Bath Township Trustees)

\$25.00

For Office Use Only

Fire Department Approval: _____ Date: _____

Appearance Review Commission File No.: ARC - -

Board of Zoning Appeals File No.: BZA - -

- Approved
- Approved with Conditions*
- Denied

*If approved with conditions, attach copy of conditions to this application and Zoning Certificate.

Zoning Certificate File No.: ZP - - Approved Denied**

Zoning Inspector Signature: _____ Date: _____

** Reason for denial: _____