



BATH TOWNSHIP ZONING

Summit County, Ohio

3864 West Bath Road - P.O. Box 1188 - Bath, Ohio - 44210-1188

Phone: 330.666.4007 - Fax: 330.666.0305

www.bathtownship.org

BUSINESS USE CERTIFICATE APPLICATION

For office use only:	Permit No.:	ARC File No.:	BZA File No.:
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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.: _____ Email: _____

Business Owner: _____

Business Data

Zoning District: (circle one) B-1 B-2 B-3 B-4 B-5

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: _____

Fire Extinguishers Fire Alarm Sprinkler/Suppression Knox Box

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: _____