



# 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.:
----------------------	-------------	---------------	---------------

*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: \_\_\_\_\_

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: \_\_\_\_\_