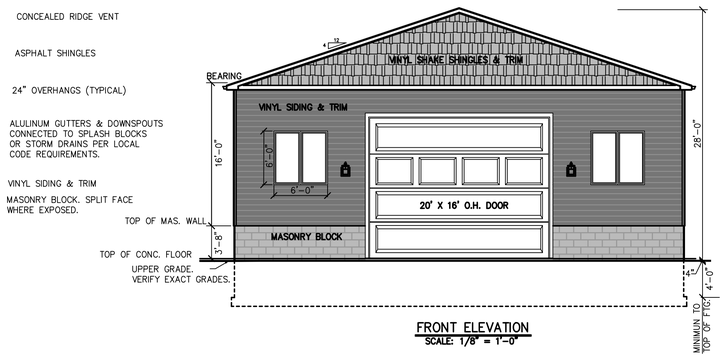
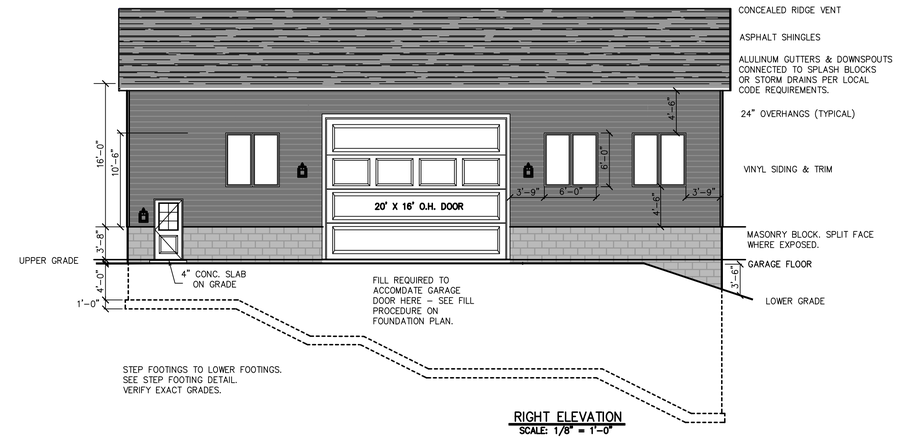
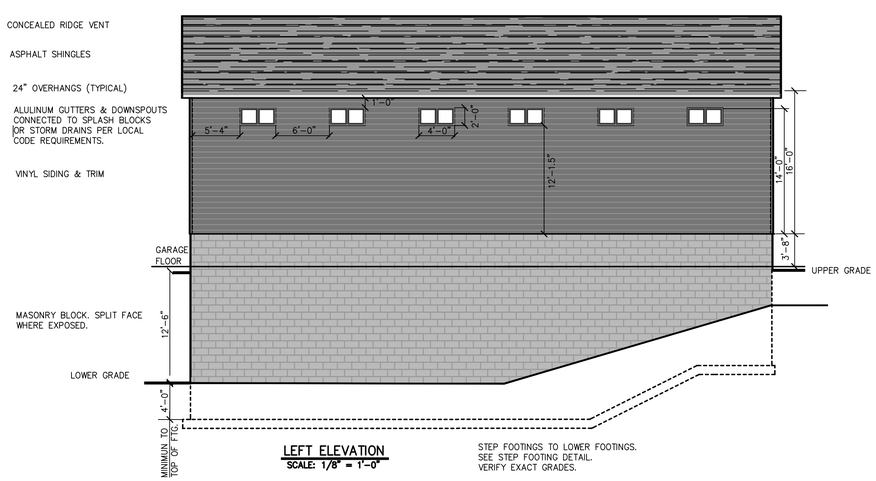


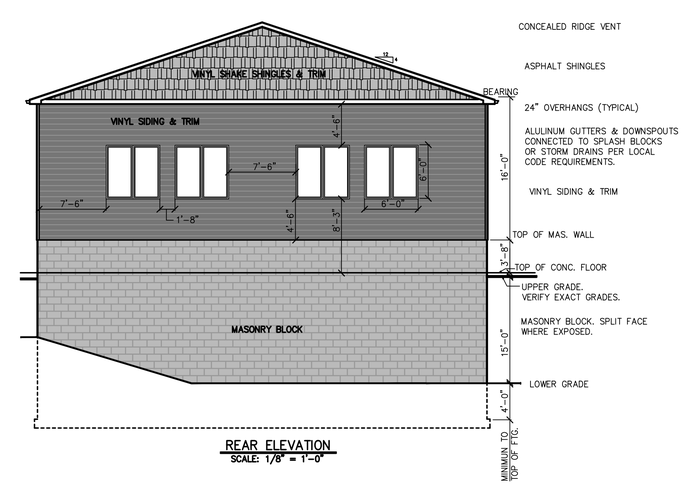
FRONT ELEVATION
SCALE: 1/8" = 1'-0"



RIGHT ELEVATION
SCALE: 1/8" = 1'-0"



LEFT ELEVATION
SCALE: 1/8" = 1'-0"



REAR ELEVATION
SCALE: 1/8" = 1'-0"

REVISIONS
11/12 REV PER ARC
12/15 REV PER ZONING BOARD REVIEW
1/16 REV PER ZONING BOARD REVIEW

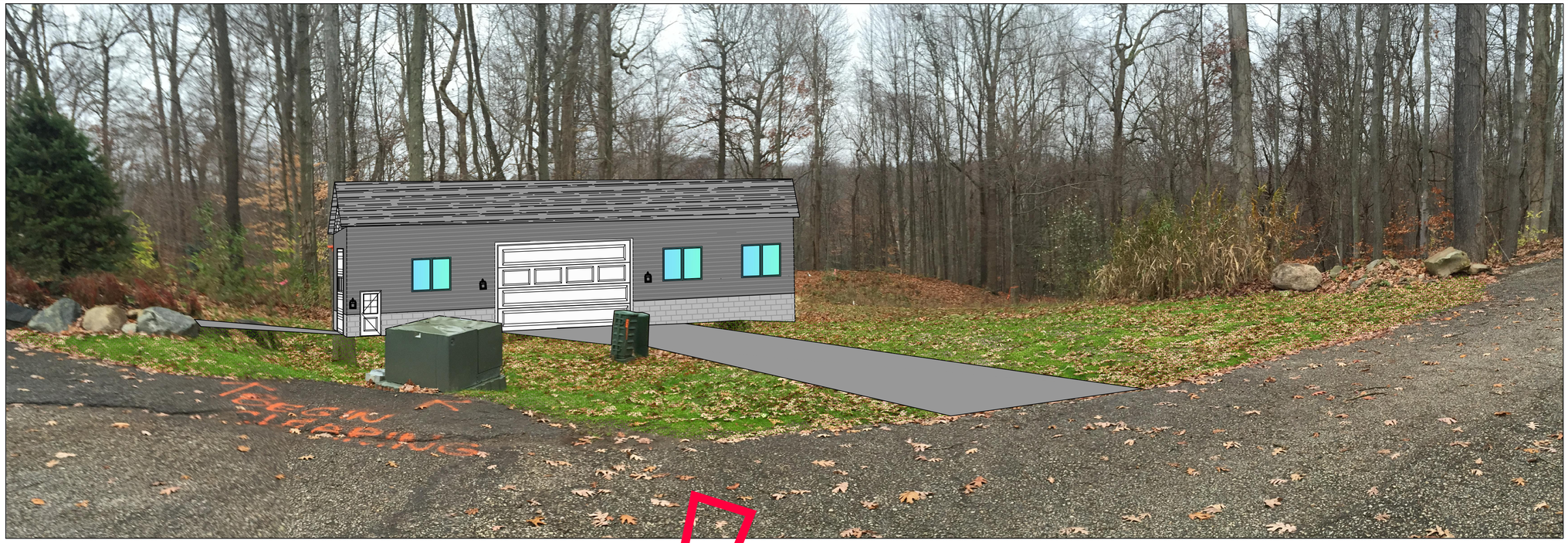
PROPOSED ACCESSORY OUT BUILDING
979 TOP-O-HILL DRIVE
BOYAS EXCAVATING, INC.
TOWNSHIP OF BATH
SUMMIT COUNTY, OHIO

DONALD G. BOHNING & ASSOCIATES, INC.
CIVIL ENGINEERING & SURVEYING
7979 HUB PARKWAY * VALLEY VIEW, OHIO 44125
PHONE: (216) 642-1130 FAX: (216) 642-1132
M:\autocad\p\4098\dwg\4098_E2 - SHEET 1.dwg 1/16/2016 - 8:44am

HORIZ. SCALE: AS NOTED
VERT. SCALE: ----
DR'N: CK
CKD.: TS
DATE: OCT., 2015
ORDER NO.: 4098-1

1/1

NOT TO SCALE



LEGEND

— G/L — – CONSTRUCTION LIMITS

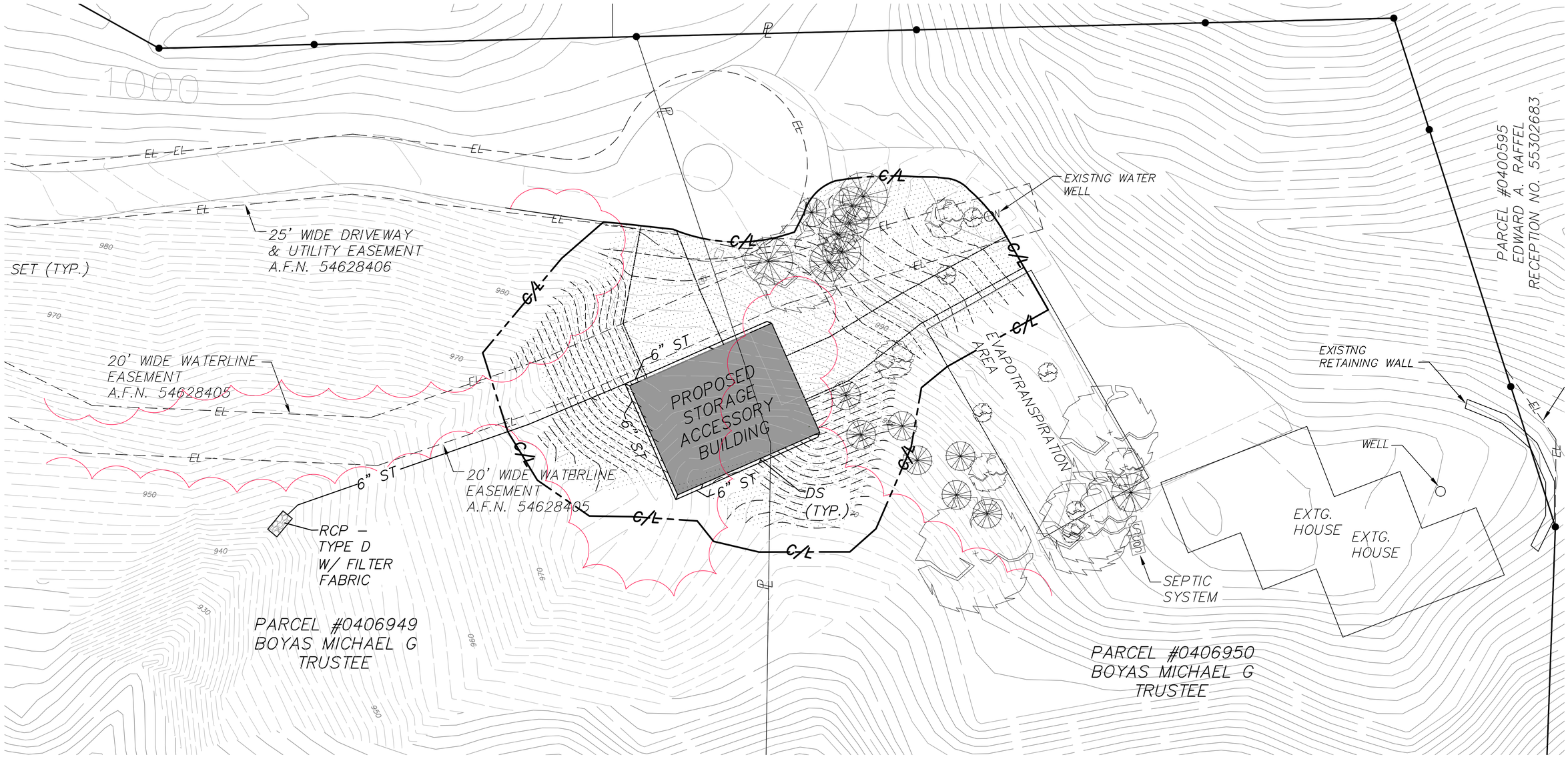
– CLEARING LIMITS

– EXISTING EDGE OF WOODS

CLEARING LIMITS
979 TOP-O-HILL DRIVE
TOWNSHIP OF BATH
SUMMIT COUNTY, OHIO

DONALD G. BOHNING & ASSOCIATES, INC.
CIVIL ENGINEERING & SURVEYING
7979 HUB PARKWAY * VALLEY VIEW, OHIO 44125
PHONE: (216) 642-1130 FAX: (216) 642-1132

HORIZ. SCALE	DR'N	CKD.	DATE	
1"=20'	C.K.	T.S.	SEPT., 2015	1/1
GR. SCALE 0' 10' 20'	FILE NO. 409800SV		ORDER NO. 4098	



LEGEND

—G/L— – CONSTRUCTION LIMITS

– PROPOSED GRADING LIMITS

– PROPOSED ACCESSORY BUILDING

GRADING LIMITS

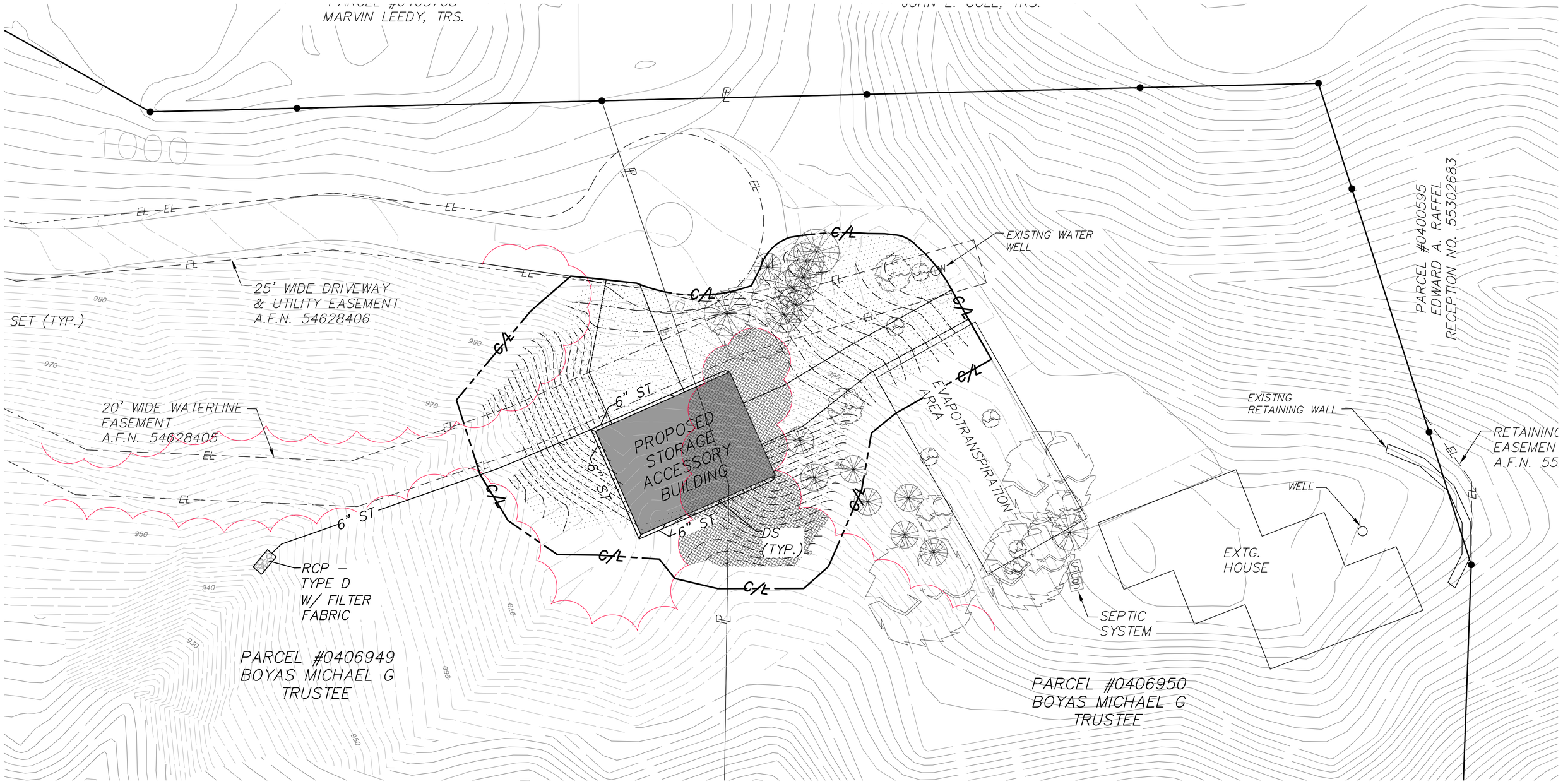
979 TOP-O-HILL DRIVE
TOWNSHIP OF BATH
SUMMIT COUNTY, OHIO

DONALD G. BOHNING & ASSOCIATES, INC.
CIVIL ENGINEERING & SURVEYING
7979 HUB PARKWAY * VALLEY VIEW, OHIO 44125
PHONE: (216) 642-1130 FAX: (216) 642-1132

HORIZ. SCALE	DR'N	CKD.	DATE	
1"=20'	C.K.	T.S.	SEPT., 2015	1/1
GR. SCALE 0' 10' 20'	FILE NO. 409800SV		ORDER NO. 4098	

M:\autocad\dwg\4098\dwg\409800SV.dwg 3/11/2011 9:01:15 AM EST

DATE	REVISIONS	BY
11/15	PER BATH TOWNSHIP REVIEW	C.K.
12/15	PER BATH TOWNSHIP REVIEW	C.K.



LEGEND

- —G/L— – CONSTRUCTION LIMITS
- – CLEARING LIMITS
- – EXISTING EDGE OF WOODS
- – PROPOSED ACCESSORY BUILDING
- – PROPOSED GRADING LIMITS

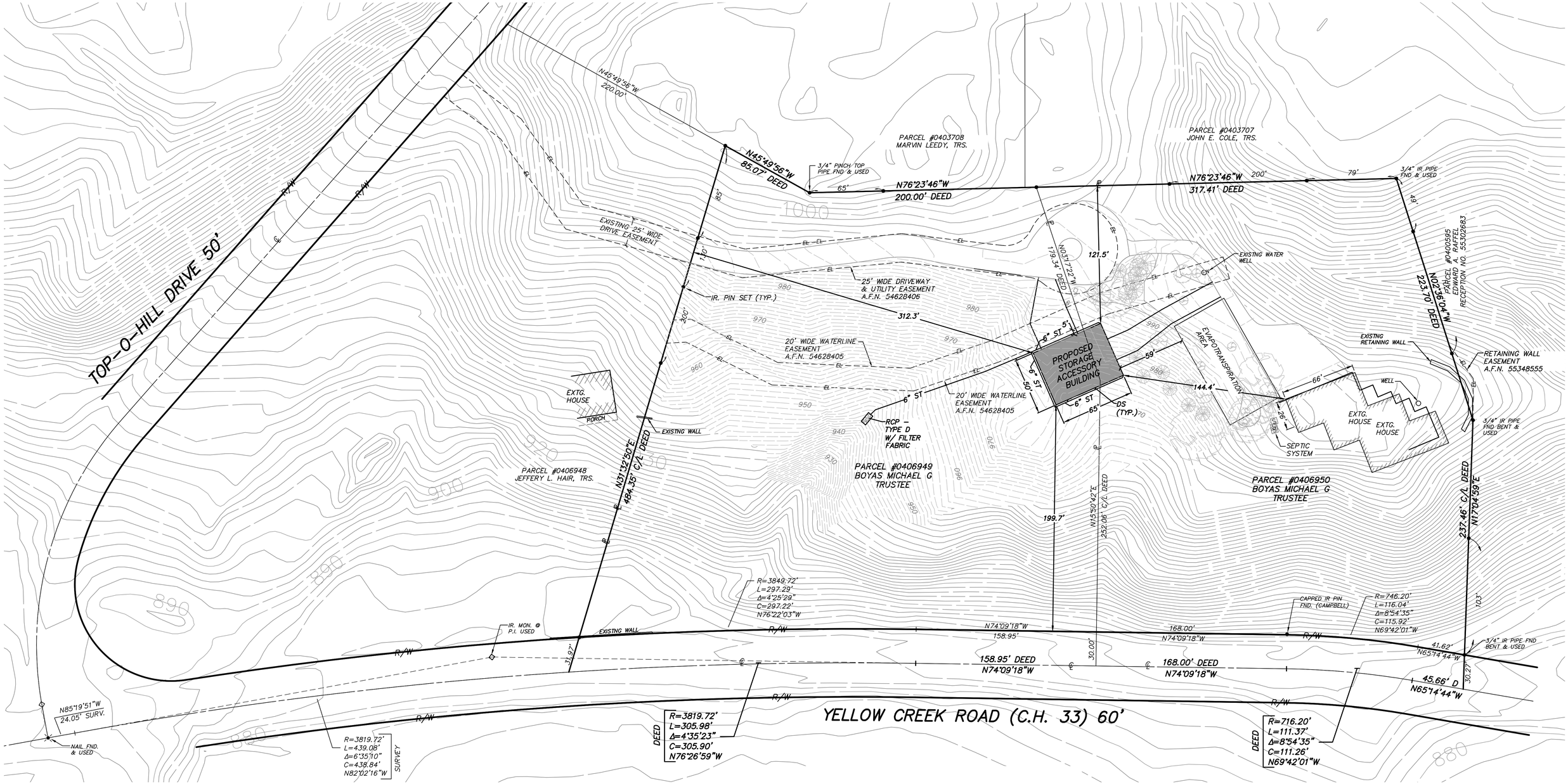
OVERALL LIMITS

979 TOP-O-HILL DRIVE
TOWNSHIP OF BATH
SUMMIT COUNTY, OHIO

DONALD G. BOHNING & ASSOCIATES, INC.
CIVIL ENGINEERING & SURVEYING
7979 HUB PARKWAY * VALLEY VIEW, OHIO 44125
PHONE: (216) 642-1130 FAX: (216) 642-1132

HORIZ. SCALE	DR'N	CKD.	DATE	
1"=20'	C.K.	T.S.	SEPT., 2015	1/1
GR. SCALE 0' 10' 20'	FILE NO. 409800SV		ORDER NO. 4098	

DATE	REVISIONS	BY
9/15	PER SUMMIT COUNTY PUBLIC HEALTH	C.K.
10/15	PER BATH TOWNSHIP REVIEW	C.K.
11/15	PER BATH TOWNSHIP REVIEW	C.K.
12/15	PER BATH TOWNSHIP REVIEW	C.K.



SITE PLAN

979 TOP-O-HILL DRIVE
TOWNSHIP OF BATH
SUMMIT COUNTY, OHIO

SURVEY REFERENCE:

SURV.= DRIVEWAY AS-BUILT SURVEY BY CAMPBELL & ASSOCIATES, LAST UPDATED MAY 10, 2002

NOTES:

1. "IR. PIN SET" INDICATES 5/8 DIAMETER BY 30" LONG REBAR WITH IDENTIFICATION "D.G. BOHNING ASSOC."

DONALD G. BOHNING & ASSOCIATES, INC.
CIVIL ENGINEERING & SURVEYING
7979 HUB PARKWAY • VALLEY VIEW, OHIO 44125
PHONE: (216) 642-1130 FAX: (216) 642-1132

HORIZ. SCALE	DR'N	CKD.	DATE	
1"=40'	C.K.	T.S.	SEPT., 2015	1/1
GR. SCALE 0' 20' 40'	FILE NO. 409800SV		ORDER NO. 4098	

SUMMIT COUNTY PUBLIC HEALTH
1100 Graham Road Circle • Stow, Ohio 44224-2992 • 330-926-5640 • Fax 330-861-7009
www.scphoh.org

BASIC EVALUATION OF AN EXISTING SEWAGE TREATMENT SYSTEM (STS) APPLICATION

Job Site Address: 979 Top-O-Hill Dr.	Zip Code: 44210	Parcel I.D.: #0406949
Parcel acreage: 3.8 Ac to e/w	Parcel dimensions: 485'+/- x 285'+/-	Township/Village/City: Bath
Owner/applicant: Borras Michael G. Trustee		Phone: c/o (216) 798-4459

Reason for Application: Todd Sciano **$65 FEE**

☐ **Remaining home from proposed lot split:** Evaluation of HSTS that is in use, but land on which it is located is part of a minor or major subdivision proposal.

☒ **Building & Excavation Review:**
☐ **Dwelling addition/remodel,** for projects that will increase the potential occupancy or foot-print of the existing dwelling. Briefly describe below.
☒ **Garage, shed or other accessory buildings, lot excavation project, pond construction, swimming pool installation, etc.**

Existing Dwelling & Project Information:

☒ One-Family ☐ Two-Family ☐ Three-Family 5 Total number of bedrooms. 6500 Square footage of the dwelling.
Water Source: ☐ "City" water ☒ Private Water System (☒ Well ☐ Cistern ☐ Hauled Water Storage Tank ☐ Spring)

BRIEF PROJECT DESCRIPTION: (Include a copy of site and/or building plans)
Storage Accessory Building on second lot owned by same owner

I understand that any approval or disapproval issued by the Health District is based on the information I have provided. I further understand that *any change in this information may result in a voided approval made by this Department.* This evaluation is not as complete as a property transfer evaluation and may not be used as an assessment of the suitability of the STS for ownership transfer. See additional instruction on the "Basic Evaluation…" form.

Signature of Applicant: [signature] **Date:** 9-2-15

Health District Use Below This Line:

Existing System Data: 2005 Tank, Lift station, treatment unit, ET's

This form does not constitute a Site and Soil Evaluation. If alterations or replacement of the STS is required, it will be necessary for the applicant to submit the appropriate application form and fee.

Review Conclusions:
☒ **APPROVED** ☒ See attached approved stamped plan.
The proposal meets the minimum requirements of the Environmental Health Code (EHC) and Ohio Administrative Code (OAC) 3701-29.
☐ The proposal is **APPROVED WITH THE FOLLOWING CONDITIONS** necessary to meet code requirements:
- ☐ Minor repair of STS is necessary.
- ☐ Repair/Replacement of major portions of STS is necessary.
- ☐ A STS permit is required & is to be presented to Building/Zoning in with this form to be considered approved.
- ☐ Sanitary sewer service is available and the STS must be abandoned
- ☐ Other:

☐ **DISAPPROVED:** The proposed project is not capable of meeting the minimum requirements of the EHC and/or OAC without adversely affecting the HSTS or future HSTS replacement area.

Inspector's Signature: [signature] **Date:** 9-16-15

The conclusions rendered may be without knowledge of some of the individual parts of the STS and water system and applies only to the date and time the opinion was made. Therefore, this evaluation does **not** guarantee the future performance of the STS

Site inspection date(s): 9-15-15	☐Cash ☐Check #: ☐ID #: ☐Fee not apply	This is not a permit.

JRP

SUMMIT COUNTY HEALTH DEPARTMENT
1100 Graham Road Cir Stow Ohio 44224-2992 (330) 923-4891

HOME SEWAGE SYSTEM INSPECTION REPORT

SUB-DIVISION: BATH TWP DATE PERMIT ISSUED: 11/02/05

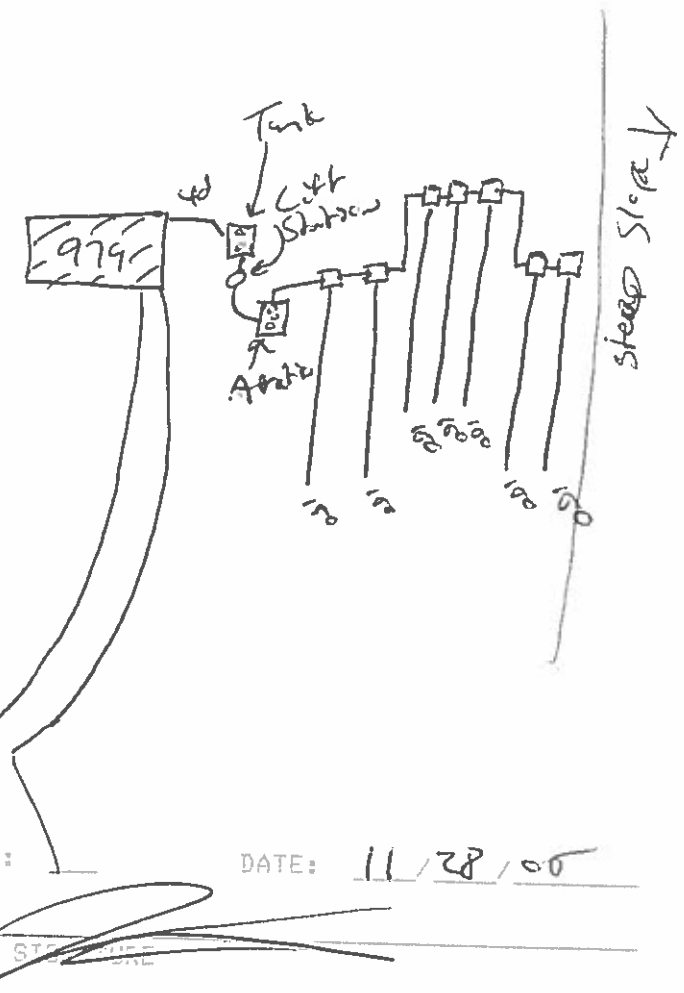
NER: BERNARD BUSSON
DRESS: 979 TOP-O-HILL, AKRON 44333

NSTALLER: OLIVO EXCAVATING (666-7127)

SPECIFICATIONS:
==========

NEW
__ NO FAMILIES: 1
__ SOIL TYPE:
__ VARIANCE: NO
__ DISCH:
__ NO TANKS: 1
__ SIZE (EA): 1000
__ AER. TANK: YES
__
__ SIZE: 0
__ EVAP TRENCH: YES
__ SIZE: ~~1200~~ 1050 FEET
__ CHLORINATOR: NO
__ LIFT PUMP:

(W) 1050 FT of ET'c installed (Area of installation was limited.)



APPROVED: X DISAPPROVED: __ DATE: 11/28/05

PERMIT NO: 303873

INSPECTOR's SIGNATURE

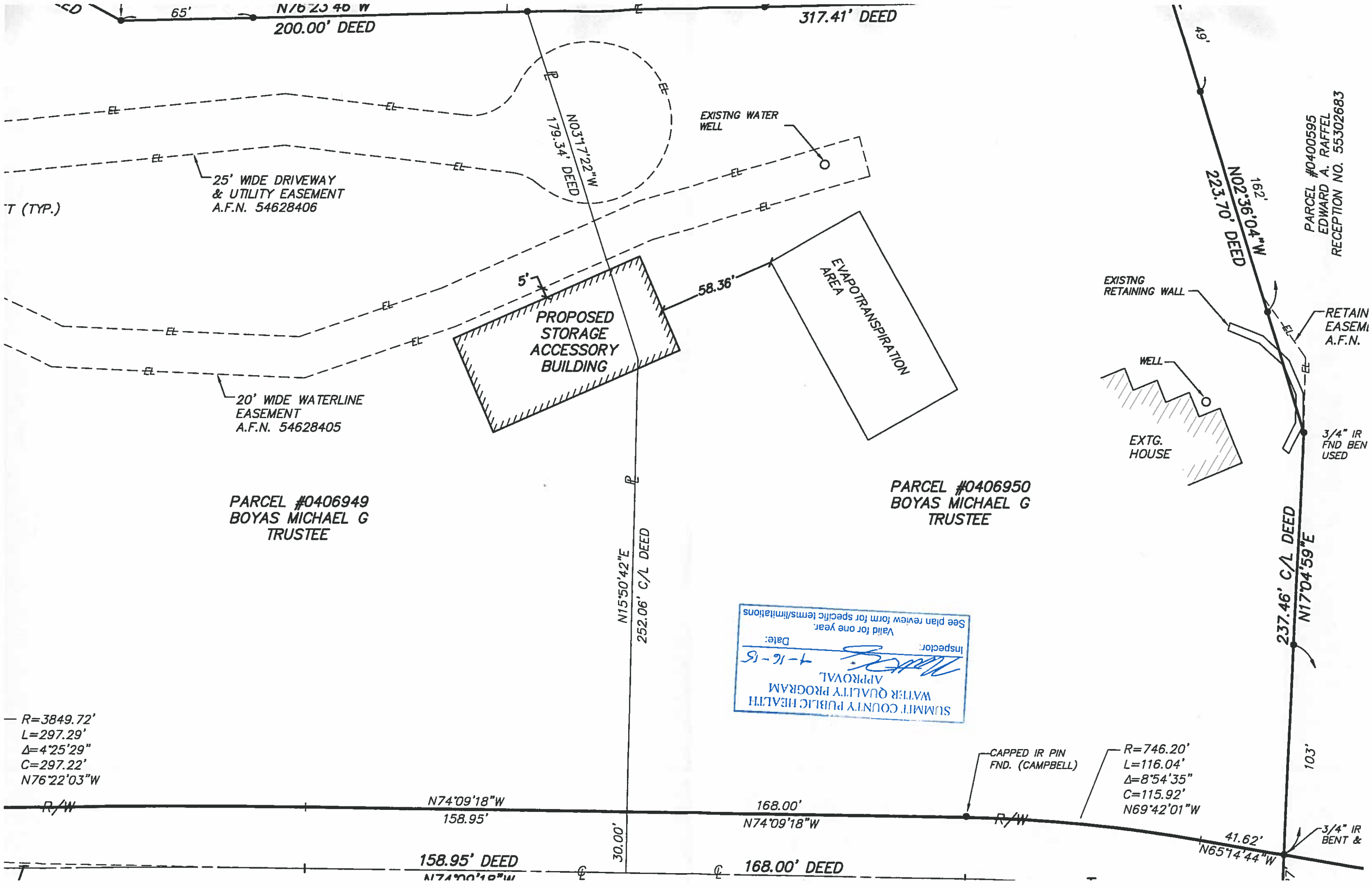
THE INSPECTION OF THIS PROPERTY IS TO ASSURE THAT THE HOME SEWAGE SYSTEM COMPLIES WITH THE SUMMIT COUNTY HEALTH DEPT's ENVIRONMENTAL HEALTH CODE. THE INSPECTION OF THIS PROPERTY BY THE SUMMIT COUNTY HEALTH DEPT. IN NO WAY GUARANTEES THE PERFORMANCE OF THE HOME SEWAGE SYSTEM.

979TOPOH

aper Copy - File Cardboard - Site

85006

B
GM


65'
N76°23'40"W
200.00' DEED
317.41' DEED
N03°17'22"W
179.34' DEED
EXISTNG WATER WELL
25' WIDE DRIVEWAY
& UTILITY EASEMENT
A.F.N. 54628406
T (TYP.)
5'
58.36'
PROPOSED STORAGE ACCESSORY BUILDING
EVAPOTRANSPIRATION AREA
20' WIDE WATERLINE
EASEMENT
A.F.N. 54628405
49'
162'
N02°36'04"W
223.70' DEED
PARCEL #0400595
EDWARD A. RAFFEL
RECEPTION NO. 55302683
EXISTNG RETAINING WALL
RETAIN
EASEM
A.F.N.
WELL
EXTG. HOUSE
3/4" IR
FND BEN
USED
PARCEL #0406949
BOYAS MICHAEL G
TRUSTEE
PARCEL #0406950
BOYAS MICHAEL G
TRUSTEE
N15°50'42"E
252.06' C/L DEED
237.46' C/L DEED
N17°04'59"E
SUMMIT COUNTY PUBLIC HEALTH
WATER QUALITY PROGRAM
APPROVAL
Inspector:
Date:
7-16-15
Valid for one year.
See plan review form for specific terms/limitations
R=3849.72'
L=297.29'
Δ=4°25'29"
C=297.22'
N76°22'03"W
R/W
N74°09'18"W
158.95'
158.95' DEED
N74°09'18"W
30.00'
168.00'
N74°09'18"W
168.00' DEED
CAPPED IR PIN
FND. (CAMPBELL)
R=746.20'
L=116.04'
Δ=8°54'35"
C=115.92'
N69°42'01"W
103'
41.62'
N65°14'44"W
3/4" IR
BENT &

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

Zoning Variance Application

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

Applicant Data

Name: Michael Bayas (c/o Todd Sciano)

Company Name: Donald G Bohning & Assoc.

Address: 479 Top-O-Hill Drive

Telephone No.: 216-748-4459 (cell) Email: tsciano@dgbassoc.com

Property Data

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

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

Property Address: 479 Top-O-Hill Drive Parcel No.: #0406449 #0406450

Allotment Name: Being part of original township lots 67+68 new → Lot No.: 67+68 → Parcel "B" parcel "C"

Owner(s): Bayas Michael G Trustee

Owner Address: 479 Top-O-Hill Drive

Telephone No.: 216-464-4480 (cell)

Variance(s) Requested

Below list the specific section from the Zoning Resolution from which the variance is being sought, a description of each variance being sought, and explain the practical difficulty justifying the application for each variance being sought. The Zoning Resolution is available online at www.bathtownship.org through the zoning link.

1. Section: 701-B(11)(D) Description: R-2 District: Building footprint not to exceed 1500 sF → proposed footprint = 3250 sF

Practical Difficulty: whether it is substantial; whether the character of neighborhood would be altered/adjoining properties would suffer detriment; whether intent is observed and justice done.

2. Section: 802-C(1) Description: minimum setback of 50ft from edge of any steep slope

Practical Difficulty: whether it will [redacted] yield a reasonable return/there can be any beneficial use of property; whether it is substantial; whether the predicament feasibly can be obviated through some method other than a variance

3. Section: _____ Description: _____

_____

Practical Difficulty: _____

_____

4. Section: _____ Description: _____

_____

Practical Difficulty: _____

_____

Regarding Practical Difficulty

The factors to be considered and weighed to determine whether a property owner has encountered practical difficulties to justify an area variance are (but are not limited to) the following:

1. Whether the property in question will yield a reasonable return or whether there can be any beneficial use of the property without the variance;
2. Whether the variance is substantial;
3. Whether the essential character of the neighborhood would be substantially altered or whether adjoining properties would suffer substantial detriment as a result of the variance;
4. Whether the variance would adversely affect the delivery of governmental services (e.g., water, sewer, garbage);
5. Whether the property owner purchased the property with knowledge of the zoning restrictions;
6. Whether the property owner's predicament feasibly can be obviated through some method other than a variance;
7. Whether the spirit and intent behind the zoning requirement would be observed and substantial justice done by granting a variance.

Contiguous Property Owners List (name & tax mailing address)

1. James F. Heckens 933 Top-O-Hill Dr.
2. Marvin Leedy (trustee) 949 Top-O-Hill Dr.
3. John R. Cole 1033 Top-O-Hill Dr.
4. Edward A Ruffel 3023 Yellow Creek Rd.
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Required Site Plan Data and Architectural/Construction Drawings

1. Nine (9) copies of site plan and plans along with a digital copy (ex: .pdf) of site plan and plans The site plan must show the following:
   - ☑ A North arrow and scale
   - ☑ Existing structures and dimensions
   - ☑ Driveway and road access locations (existing and/or proposed)
   - ☑ Proposed structure(s) and dimensions
   - ☑ All setbacks
   - ☑ Roads
   - ☑ Lot dimensions
   - ☑ Easements and details
   - ☑ Septic system and well location (if applicable)
   - ☑ Indicate the location of lakes, ponds, wetlands, ravines, or other unusual topography
   - ☑ Riparian Corridor(s) must be clearly indicated on all lots containing applicable watercourses
   - ☑ All slopes greater than 12% must be indicated on a two (2) foot contour interval map with the contours extending at least 100 feet beyond the lot lines

2. If applicable, nine (9) copies of the building/construction plans along with a digital copy (ex: .pdf) showing major details including height data must be submitted with the application.

3. An outline of the proposed project which gives an overview of the reasons the requested variance is necessary.

4. Digital copy of all required documents (i.e. .pdf file)

Applicant Certification

Applicant Signature: _____ Date: 1/20/16

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: _____