



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

Home Occupation Application

For office use only:	Permit No.:	ARC File No.:	BZA File No.:
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Applicant Data

Name: _____

Company Name: _____

Address: _____

Telephone No.: _____ Email: _____

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.

Site Address: _____ Parcel No.: _____

Owner(s): _____

Owner Address: _____

Telephone No.: _____

Site Data

Description of home occupation: _____

Location of home occupation: _____

Number of employees: _____ Home occupation area (sq. ft.) _____

Signage Proposed: Yes No *Any proposed signage would need approval from the BZA.

Required Site Plan Data and Architectural/Construction Drawings

The following items must be submitted with the application in order to be reviewed. The application will be reviewed and the applicant will be contacted when the plans are approved. The Ohio Revised Code sets forth a maximum of thirty (30) days for review of all applications. No applications will be reviewed at the time of submittal. ***Incomplete applications will delay the review process.*** Site inspections will be conducted at the discretion of the Zoning Inspector.

1. Two (2) copies of the site plan. 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 and lot dimensions
 - Roads and easements (include details)
 - Indicate the location of lakes, ponds, wetlands, ravines, or other unusual topography
 - Riparian setback(s) must be clearly indicated on all lots containing applicable watercourses
 - Slopes greater than 12% require a two (2) foot contour interval overlay with the contours extending at least 100 feet beyond the lot lines to check compliance with Section 802.
2. Two (2) copies of plans that outline the proposed location of the home occupation within the residence.
3. Septic system and well location, if applicable then provide copies of sewage disposal system plan and approval from the Summit County Health Department (330-923-4891) or Permit to Connect Sanitary Sewer from the Summit County Department of Environmental Services (330-926-2400).
4. Digital copy of all required documents (i.e. .pdf file).

Applicant Certification

By initialing, the applicant has read, understands, and agrees to the following:

- _____ 1. Right Of Revocation - It is understood and agreed by this applicant that any error, misstatement, misrepresentation of material fact, with or without intent, such as might and/or would case a refusal of this application, or any material alteration in the accompanying plans made subsequent to the issuance of a Zoning Certificate without approval of the Zoning Inspector or Zoning Board of Appeals, shall constitute sufficient grounds for the revocation of such certificate.
- _____ 2. The applicant agrees to allow the Zoning Inspector access to the property for on-site inspection(s).
- _____ 3. The applicant agrees to abide by the Ohio Revised Code Sections §5589.08, §5589.10, and §5589.22 in that no dirt or mud is permitted on the road right-of-way during construction and that any repair costs for damage to the roadway or parts thereof will be paid by the applicant.
- _____ 4. There may be deed restrictions on the property that differ from the Bath Township Zoning Regulations. Please check your deed to make sure that any proposed project meets any restrictions that may be in effect.
- _____ 5. The zoning certificate shall become void at the expiration of one (1) year after date of issuance, unless the structure or alteration thereof is started, or within two (2) years after the date of issuance, unless the structure or alteration is completed.

Applicant Signature: _____ Date: _____

Fee (make check payable to Bath Township Trustees)

\$25.00

For Office Use Only

Zoning Certificate File No.: ZP - Approved Denied*

Zoning Inspector Signature: _____ Date: _____

* Reason for denial: _____