

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

## Appearance Review Commission

For office use only:	ARC File No.:		BZA File No.:		
Associated permits:					
Applicant Data					
Name:					
Company Name:					
Address:					
Telephone No.:		Email:			
Property Data					
Zoning District:	(circle one) R-1	R-2 R-3 R-4	4 B-1 B-2	B-3 B-4	B-5
Corner Lot:	□ Yes □ No	Note: Corner lots are requ	ired to meet the fron	t setback on both streets	S.
Property Address:					
Allotment Name:				Parcel No.:	
Owner(s):					
Owner Address:					
Telephone No.:					
Type of Review (	check all that apply	)			
□ Site Plan □ Building/Elevati □ Sign □ Other (explain):					
The following items and plans will be re review by the ARC  • 2 copies of site properties topography (included)  • 2 copies of elevary  • Digital copy of a recovery	quired upon submission once the application is plan — must show existing location, all easements, ude streams, lakes, poncitions, signs, landscaping all required documents (in the stream of the stre	th the application in order. (the application will deemed complete) ag structures, proposed structures, proposed structures, steep slopes, g, lighting, parking, etc.	be reviewed and ructures, all setbac ocation (if applical etc.)	placed on the agendeks and lot dimension ble), and any unusual	a for
Applicant Signatu	ıre:			Date:	