

BATH TOWNSHIP
GREENE COUNTY
EST. 1807

1006 Yellow Springs-Fairfield Rd
Fairborn, Ohio 45324
Phone: 937-878-0611
administrator@bathtwp.us

APPLICATION FOR ZONING PERMIT: ACCESSORY STRUCTURE

SITE ADDRESS/LOCATION			
SITE PARCEL NUMBER		ZONED	

Applicant's Information

NAME			
MAILING ADDRESS			
PHONE		EMAIL	
PREFERRED CONTACT METHOD: (Check all that apply)	☐ Phone	☐ Email	☐ In-Person

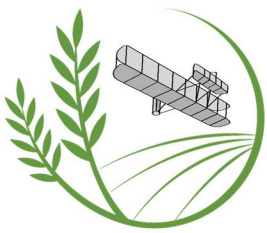
Property Owner's Information (☐ Check if same as applicant)

NAME			
MAILING ADDRESS			
PHONE		EMAIL	
PREFERRED CONTACT METHOD: (Check all that apply)	☐ Phone	☐ Email	☐ In-Person

Contractor's Information

COMPANY NAME			
ADDRESS			
PHONE		EMAIL	

STRUCTURE TYPE	☐ SHED	☐ BARN	☐ DETACHED GARAGE	☐ OTHER:
	☐ DECK	☐ GAZEBO/PERGOLA		
DIMENSIONS			HEIGHT TO ROOF PEAK FROM FINAL GRADE	
			TOTAL SQUARE FEET	
PARCEL ROAD FRONTAGE		TOTAL ESTIMATED COST		
FRONT SETBACK		REAR SETBACK		
LEFT SIDE SETBACK		RIGHT SIDE SETBACK		



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All Accessory Structures must comply with the Bath Township Zoning Resolution. Accessory Structures and their limitations are covered in the Bath Township Zoning Resolution Article 4, Section 423.5. Please review these regulations before submitting a permit application.

APPLICANT MUST ATTACH THE FOLLOWING:

- ☐ One complete diagram or set of construction drawings for proposed structure, drawn to scale, with dimensions clearly marked, and including any square footage, elevations, floor plans, wall sections, and a foundation plan.
- ☐ Plot Plan, including North Indicator, drawn to scale. Show the dimensions of the parcel with the exact sizes and locations of all existing buildings, as well as the location and dimensions of the proposed buildings or alterations. Include all fireplaces, bay windows, decks (with stairs shown), parking areas, and driveways.
- ☐ If there are more than three (3) existing buildings or non-pervious surfaces, please include a Dimensions Calculation Worksheet, to assure you do not go over the allowed Lot Coverage Percentage.
- ☐ Set-Backs: Include distances from the proposed structure or addition to the closest property line in each direction. Front yard setbacks must be measured from the right-of-way.
- ☐ Board of Health Septic Approval- If the site does not have public wastewater collection, a Greene County Combined Health District on-site wastewater collections permit with layout is needed.
- ☐ Certified letter from owner of property, if different from the applicant, authorizing the applicant to make permitted changes to the property.
- ☐ Agricultural Exemption Application, if filing for a cost-free Ag-Exempt Permit

I hereby certify that all information supplied in this application and attachments hereto are true and correct to the best of my knowledge, information, and belief. I hereby consent to the inspection of the subject property and of any buildings or structures to be constructed thereon, by the township zoning inspector. I hereby acknowledge that I understand that if the construction or use described in the zoning certificate has not begun or substantially pursued within six (6) months from the date of issuance, said zoning certificate shall become null and void. All construction shall be completed within one (1) year.

Applicant's Signature: _____ Date: _____