

APPLICATION FOR ZONING COMMERCIAL PROJECT

(ONE APPLICATION MUST BE FILED FOR EACH LOT, BUILDING, OR STRUCTURE)

Address of Project: _____

Applicant Name: _____

Mailing Address: _____

Daytime Phone: _____

Email: _____

Contractor Name: _____

Mailing Address: _____

Daytime Phone: _____

Property Owner Name: _____

Mailing Address: _____

Daytime Phone: _____

Height/Stories of Structure: _____ Sq. Ft. of Project: _____

***Processing time: 7-10 business days**

Each application must have a site plan showing the location of the project, parking, and landscaping or picture indicating accurate relevant dimensions. All permits are issued to the applicant unless otherwise specified.

***Please contact Miami County Building Department (937-440-8121) for additional permits required.**

Sign Full Name

By signing this application, I acknowledge that I am authorized by the owner to make this application. I agree to allow City of Troy employees to enter the property in order to complete necessary inspections. I agree to conform to all applicable laws of the City.

Signature: _____

Date: _____

Development Department
102 S. Market St.
Troy, OH 45373
Phone: (937) 339-9481
Fax: (937) 339-9341
www.troyohio.gov



Office Use Only

Zoning District: _____

Permit Issued By: _____

Historic District

- Yes
- No

Date: _____

Refer to Permit No: _____

Flood Zone

- Yes
- No

Approval Contingent Upon the Following:

Commercial Fee	\$100 + \$1.00 per 100 sq.ft.
Total Amount	
<u>Date:</u>	<u>Receipt No.</u>

- Check List**
- Site Plan w/ setbacks
 - Signed Application
 - Payment of Fees