

APPLICATION FOR ZONING PERMIT
FOR ON-SITE CONSTRUCTION TRAILER

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

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

PLANNING DEPARTMENT
100 S Market St. Troy, OH 45373
Phone (937)339-9481, Fax (937)339-9341
www.troyohio.gov

1 LOCATION OF PROJECT	Address of Project	Subdivision	Lot No(s)
	Type of structure		
2 REQD INFO	Names (Please <u>Print</u>)	Mailing Addresses – Street, City, Zip Code	Phone (Day time)
	APPLICANT		
	CONTRACTOR		
	PROPERTY OWNER		

3 SIGN YOUR FULL NAME			OFFICE USE ONLY																	
<p>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.</p> <p>Signature of applicant _____</p> <p>Date: _____</p> <p>Fax No. _____</p>			<table border="1"> <thead> <tr> <th>TYPE OF WORK</th> <th>FEE \$</th> <th>TOTALS</th> </tr> </thead> <tbody> <tr> <td>NON RESIDENTIAL</td> <td>\$50</td> <td></td> </tr> <tr> <td>TTL AMT DUE</td> <td></td> <td></td> </tr> <tr> <td>TTL AMT PAID</td> <td></td> <td></td> </tr> <tr> <td>Date:</td> <td colspan="2">Receipt No.</td> </tr> </tbody> </table>			TYPE OF WORK	FEE \$	TOTALS	NON RESIDENTIAL	\$50		TTL AMT DUE			TTL AMT PAID			Date:	Receipt No.	
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Date:	Receipt No.																			
OFFICE USE ONLY																				
ZONING DISTRICT	HISTORIC DISTRICT Yes No	FLOOD ZONING A AE X																		
APPROVAL CONTINGENT UPON THE FOLLOWING:																				
PERMIT ISSUED BY:																				
<ul style="list-style-type: none"> REFER TO PERMIT NO: 			<ul style="list-style-type: none"> DATE: 																	
			NOTES:																	