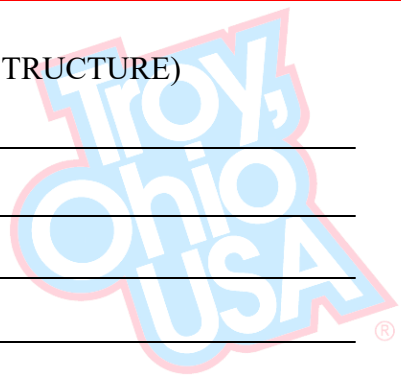


**APPLICATION FOR CHANGE OF OCCUPANCY PERMIT**

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



**Address of Project:** \_\_\_\_\_

**Type of Use (Store, Bank, Restaurant, etc.):** \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Contractor Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_

**Are you a New Tenant?** Yes / No

**Do you need new signage?** Yes / No

**Building Area (Sq. Ft.):** \_\_\_\_\_ **Total Number of Employees:** \_\_\_\_\_

**Shared Parking?** Yes / No **Total number of Parking Spaces:** \_\_\_\_\_

**What was the building previously used for?**  
\_\_\_\_\_

**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:** \_\_\_\_\_

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

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:** \_\_\_\_\_

**Historic District**

- Yes
- No

**Flood Zone**

- Yes
- No

Type of Work	Fee Cost
Occupancy Fee	\$50.00
Total Amount Due	
<u>Date:</u>	<u>Receipt No.</u>

- Check List**
- Signed Application
  - Payment of Fees

**Permit Issued By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Refer to Permit No:** \_\_\_\_\_

**Approval Contingent Upon the Following:**

---

---

---

---

---