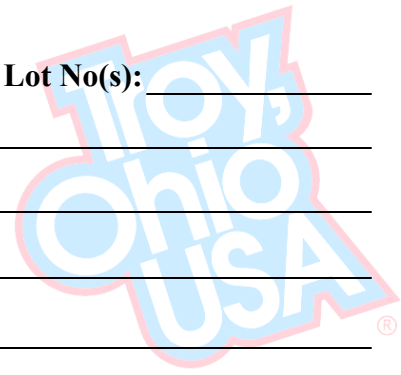


# APPLICATION FOR HOME OCCUPANCY PERMIT



Address of Project: \_\_\_\_\_ Lot No(s): \_\_\_\_\_

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

Type of Use (Office, Agency, Ect): \_\_\_\_\_

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

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

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

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

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

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

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

Property Owner Name: \_\_\_\_\_

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

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

### Total Floor Area (Sq. Ft.) of the Residence

Basement: \_\_\_\_\_ 1st Floor: \_\_\_\_\_ 2nd Floor: \_\_\_\_\_ 3rd Floor: \_\_\_\_\_

### Total Floor Area Occupied by the Business

Basement: \_\_\_\_\_ 1st Floor: \_\_\_\_\_ 2nd Floor: \_\_\_\_\_ 3rd Floor: \_\_\_\_\_

### List all exterior changes made to the residence to accommodate the business

Outdoor Sign: \_\_\_\_\_ Additional Parking: \_\_\_\_\_ Additional Storage: \_\_\_\_\_

### Maximum number of customers served on site by the business

At One Time: \_\_\_\_\_ In One Day: \_\_\_\_\_

### 7 Hours of Operation

Maximum number of on premises employees: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

### List all equipment needed to operate business

\_\_\_\_\_  
List all materials/chemicals stored for use of the business

**Sign Full Name**

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

By signing this application, I acknowledge that I am authorized by the owner to make this application. 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:** \_\_\_\_\_

**Historic District**

- Yes
- No

**Flood Zone**

- Yes
- No

Home Occupation Fee	\$
<u>Date:</u>	<u>Receipt No.</u>

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

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

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

**Approval Contingent Upon the Following:**

---

---

---

---

---