

**APPLICATION FOR TEMPORARY USE**



**DEVELOPMENT  
DEPARTMENT**

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

Type of Structure Being Built: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

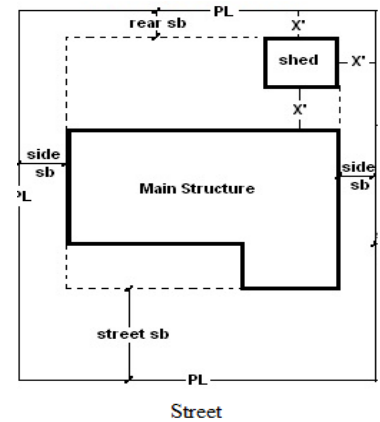
Number of Temporary Uses: \_\_\_\_\_ Size(s) of Temporary Use(s): \_\_\_\_\_

Total Sq. Ft. of each Temp. Use: \_\_\_\_\_ Proposed Usage: \_\_\_\_\_

Up Date of Temporary Use: \_\_\_\_\_ Down Date of Temporary Use: \_\_\_\_\_

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

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



**\*Processing time: 7-10 Business Days**

**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**

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

- Yes
- No

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

**Flood Zone**

- Yes
- No

**Approval Contingent Upon the Following:**

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Temporary Use	\$50.00
Total Amount	
<u>Date:</u>	<u>Receipt No.</u>

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