

**APPLICATION FOR ZONING ON STREET CONSTRUCTION TRAILER**

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

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



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

**DEVELOPMENT  
DEPARTMENT**

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

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

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

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

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

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

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

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

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

**Type of Construction Being Performed:** \_\_\_\_\_

**Date of Placement** From: \_\_\_\_\_ To: \_\_\_\_\_

**License Number of Trailer:** \_\_\_\_\_ **Length of Trailer:** \_\_\_\_\_

**Sign Full Name**

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

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

**Office Use Only**

**Police Department**

Signature of Approval: \_\_\_\_\_

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

**Engineering Department**

Signature of Approval: \_\_\_\_\_

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

**Development Department**

Signature of Approval: \_\_\_\_\_

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

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

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