ACCESSORY ZONING PERMIT

1 LOCATION

FOR SHEDS, GARAGES, DECKS, PORCHES, POOLS, ETC.

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



Lot No(s)

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

Address of Project

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

Subdivision

OF PROJECT													
		Type of structure											
2 F	EQD INFO	Names (Please Print)			Mailing Addresses – Street, City				City,	Zip Code	Phone (Day	time)	
	APPLICANT						·	•					
	CONTRACTOR												
	PROPERTY OWNER												
3	Lot Size			Approximate cost of project				5	5	Height and stories of project			
6	Sq ft of proposed project			Heig	ght and stories of house				3	Sq. ft. of house			
6 SIGN YOUR FULL NAME									OFFICE USE ONLY				
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 of applicant Date: Fax No OFFICE USE ONLY ZONING DISTRICT HISTORIC DISTRICT FLOOD ZONING A B C								order ne City.	RE NO RE	ESIDENTIAL TL AMT DUE	FEE \$ 25.00 \$100 + \$1.00 per 100 sf	TOTALS	
									Date:		Receipt No.		
APPROVAL CONTINGENT UPON THE FOLLOWING:													
F	PERMIT ISSUED BY:												
REFER TO PERMIT NO: DATE:									=	NOTES:			
•	V REFER TO LERWITI NO.												