

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	\$50.00
Total Amount	
<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:
