

**APPLICATION FOR
DEMOLITION PERMIT:**

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



**DEVELOPMENT
DEPARTMENT**

(If in Historical District, File Separate application for Planning Commission approval)

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

Rev 12/3/07

1 LOCATION OF PROJECT	Project Address		Zip Code	Lot No(s)
	Name of Job		Type of Bldg/Structure (Ex: Home, Garage, Shed, Etc.)	
2 REQD INFO	Names (Please <u>Print</u>)		Mailing Addresses – Street, City, Zip Code	Phone (Day time)
	Applicant			
	Contractor			
	Bldg Owner			
3	Subdivision	4 Lot size	5 Is work within the 100 Yr Flood Plain? _____ If yes, is work within the Floodway _____	
6	Are there easements or land restrictions on the property? _____ If yes, explain:			6A Is this structure within the Historic District? _____
7	What was the building last used for?			8 If applicable, will the floor slab be removed? _____
8	Describe Nature of Work:			

ATTENTION

SUBMISSION OF UTILITY RELEASE FORMS ARE REQUIRED PRIOR TO ISSUANCE OF PERMIT AND COMMENCEMENT OF WORK....

↑ Gas/Electric Release Form Received _____ ↑ Water/Sewer Release Form Received _____

10 OCCUPANCY CLASS (Check ONLY ONE)			OFFICE USE ONLY											
↑	1-Family Residential Building	↑	3,4 ,5 or More Family Residential Bldg	<table border="1"> <tr> <th>Permit Fees</th> <th>Due</th> </tr> <tr> <td>Demolition of Structure: \$10 Plus \$4 per 1000 sf. (Max of \$75.00)</td> <td></td> </tr> <tr> <td>TTL Amount Due</td> <td></td> </tr> <tr> <td>TTL Amt Paid</td> <td></td> </tr> <tr> <td>Receipt No.</td> <td>Date</td> </tr> </table>	Permit Fees	Due	Demolition of Structure: \$10 Plus \$4 per 1000 sf. (Max of \$75.00)		TTL Amount Due		TTL Amt Paid		Receipt No.	Date
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Receipt No.	Date													
↑	2-Family Residential Building		Specify No. of Housing Units _____											
	↑ All other buildings and structures													
11	Maximum Number of Stories													
12	Floors Involved in Work	Figure Total Square Feet of Each Floor												
A	Basement:													
B	First Floor													
C	2,3,4,5,6 (Circle One)													
D	Additional Floors													
E	Total Sq. Ft. A+B+C+D													
Sign your Full Name: _____			<p style="color: red;">By signing this application, this allows a representative of the City of Troy to enter the property for inspection purposes.</p>											
Address: _____														
Phone _____ Date _____														
APPROVAL CONTINGENT UPON THE FOLLOWING:														
PERMIT ISSUED BY:														
REFER TO PERMIT NO.		DATE:												
_____		_____												