

APPLICATION FOR HOME OCCUPANCY PERMIT

Address of Project: _____ Lot No(s): _____

Name of Business: _____

Type of Use (Office, Agency, Ect): _____

Applicant Name: _____

Mailing Address: _____

Daytime Phone: _____

Email: _____

Contractor Name: _____

Mailing Address: _____

Daytime Phone: _____

Property Owner Name: _____

Mailing Address: _____

Daytime Phone: _____

Total Floor Area (Sq. Ft.) of the Residence

Basement: _____ 1st Floor: _____ 2nd Floor: _____ 3rd Floor: _____

Total Floor Area Occupied by the Business

Basement: _____ 1st Floor: _____ 2nd Floor: _____ 3rd Floor: _____

List all exterior changes made to the residence to accommodate the business

Outdoor Sign: _____ Additional Parking: _____ Additional Storage: _____

Maximum number of customers served on site by the business

At One Time: _____ In One Day: _____

7 Hours of Operation

Maximum number of on premises employees: _____

From: _____ To: _____

List all equipment needed to operate business

List all materials/chemicals stored for use of the business

Sign Full Name

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

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



Office Use Only

Zoning District: _____

Historic District

- Yes
- No

Flood Zone

- Yes
- No

Home Occupation Fee	\$
<u>Date:</u>	<u>Receipt No.</u>

Permit Issued By: _____

Date: _____

Refer to Permit No: _____

Approval Contingent Upon the Following:
