

**APPLICATION FOR  
DEMOLITION PERMIT:**

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



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

PLANNING DEPARTMENT  
Market St. Troy, OH 45373  
Phone (937)339-9481, Fax (937)339-9341  
[www.troyohio.gov](http://www.troyohio.gov)

Rev 2/8/06

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)			<b>OFFICE USE ONLY</b>											
↑	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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↑	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:												
_____		_____												