

GENERAL PERMIT APPLICATION
FOR POD/STORAGE CONTAINER, DUMPSTER, OR
TEMPORARY PARKING



This is to request permission to place a POD, Storage Container, or Dumpster within the City or to request special permission to temporarily park a vehicle in a No Parking, Loadings Zone or other regulated parking area, other than a No Stopping Zone, or to prohibit parking where parking is permitted.

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

Permit Type: POD/Container: Dumpster: Temp Parking:

APPLICANT: _____ PHONE#: _____

ADDRESS: _____ FAX#: _____

CITY / STATE / ZIP: _____

POD/Container:

Size of Container or Pod: _____ Delivery Date: _____ Removal Date: _____

A field review must be conducted prior to a permit being issued – Reflective tape must be placed on the POD/container.

Dumpster:

Placement Address: _____

Size of Dumpster: _____ Delivery Date: _____ Removal Date: _____

A field review must be conducted prior to a permit being issued – Reflective tape must be placed on the dumpster.

Temporary Parking:

Purpose: _____

Event Start Date & Time: _____ End Date & Time: _____

Requested Streets to utilize for Temporary Parking. (include block number): _____

The Permittee, its agents, employees, officers and assign assume all responsibility and liability for any injury to persons or damage to Public or private property caused directly or indirectly, by the performance of permitted work under this permit. Furthermore, the Permittee, its agents, employees, officers and assignees agree to save and hold harmless the City of Troy, its agents, employees and officers from any and all claims, demands, actions, judgments, executions, damages or proceeding for any and all personal actions, judgments, executions, damages or proceedings for any and all personal injury, and injuries to property, real or personal, public or private caused by or arising out of directly or indirectly from the performance of permitted work.

I certify the above information is correct.

Permit Applicant or authorized agent (signed) Printed Name Date

For City Records

Inspected by: _____
City of Troy, Ohio Date