

**APPLICATION FOR ZONING      NEW RESIDENTIAL HOMES**  
(ONE APPLICATION MUST BE FILED FOR EACH LOT, BUILDING, OR STRUCTURE)



Address of Project: \_\_\_\_\_

Type of Structure Being Built: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Height/Stories of Structure: \_\_\_\_\_

1. Sq. Ft. of Living Area/Addition: \_\_\_\_\_

2. Sq. Ft. of Basement: \_\_\_\_\_

3. Sq. Ft. of Garage: \_\_\_\_\_

Total Square Footage (1+2+3): \_\_\_\_\_

Basement:    Yes            No

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

Each application must have a site plan showing the location of the project, or picture indicating accurate relevant dimensions. All permits are issued to the applicant unless otherwise specified.

**\*Please contact Miami County Building Department  
(937-440-8121) for additional permits required.**

**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: \_\_\_\_\_

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:** \_\_\_\_\_

**Permit Issued By:** \_\_\_\_\_

**Historic District**

- Yes
- No

**Date:** \_\_\_\_\_

**Refer to Permit No:** \_\_\_\_\_

**Flood Zone**

- Yes
- No

**Approval Contingent Upon the Following:**

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Residential	\$50 + \$1.00 per 100 sf
Total	
<u>Date:</u>	<u>Receipt No:</u>

- Check List**
- Site Plan w/ setbacks
  - Signed Application
  - Payment of Fees