

ACCESSORY ZONING PERMIT (For Sheds, Garages, Decks, Pools, Etc.)

(ONE APPLICATIONS MUST BE FILLED OUT FOR EACH BUOLDING OR STRUCTURE)



**DEVELOPMENT
DEPARTMENT**

Address of Project: _____

Type of Structure Being built: _____

Applicant Name: _____

Mailing Address: _____

Daytime Phone: _____

Email: _____

Contractor Name: _____

Mailing Address: _____

Daytime Phone: _____

Property Owner Name: _____

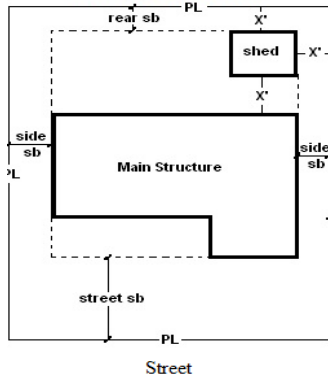
Mailing Address: _____

Daytime Phone: _____

Sq. Ft. of Proposed Project: _____

Height/Stories of Project: _____

Height/Stories of House: _____



Each application must have a site plan showing the location of the project, or picture indicating accurate relevant dimensions (see example). All permits are issued to the applicant unless otherwise specified.
***Please contact Miami County Building Department (937-440-8121) for additional permits required.**

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

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.

Development Department
102 S. Market St.
Troy, OH 45373
Phone: (937) 339-9481
Fax: (937) 339-9341
www.troyohio.gov

Signature: _____

Date: _____

Office Use Only

Zoning District: _____ **Permit Issued By:** _____

Historic District

- Yes
- No

Date: _____

Flood Zone

- Yes
- No

Refer to Permit No: _____

Type of Work	Fee Cost
Residential	\$25.00
Non-Residential	\$100 + \$1.00 per 100 sq.ft.
Total Amount	
<u>Date:</u>	<u>Receipt No.</u>

Approval Contingent Upon the Following:

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