



APPLICATION FOR: Zoning Temporary Use Permit:

Type of Project: -Garden Center (seasonal) -Const. Trailer/ Real Estate Ofc. -Tent -Seasonal Produce
- PODS/Dumpsters (Private Property Only) - Festivals -Other: _____

Address of Project: _____

Applicant/Contractor Name: _____

Address: _____

Phone: _____ Email: _____

Property Owner Name: _____

Address: _____

Phone: _____ Email: _____

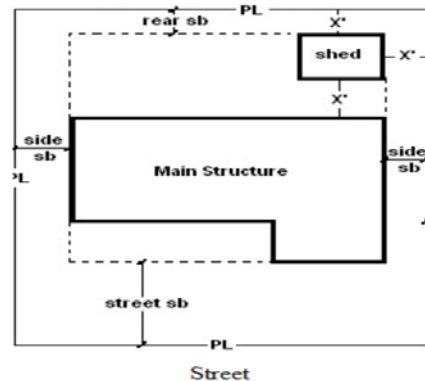
Total Sq. Ft. of Proposed Use: _____ Height/Stories of Project: _____

Number of Temporary Uses: _____ Sq.ft. of Each Use: _____

Start/Up Date: _____ Down Date: _____

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 the Miami County Building Department (937-440-8121) for additional permits required.

***Processing time:7-10 Business Days**



By signing this application, I acknowledge that I am authorized by the owner to make this application. The information presented is accurate. 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. The City of Troy does not enforce covenants and restrictions.

Signature: _____ Date: _____

Checklist: - Site Plan - Property Owner Written Permission - Fee \$25

100 South Market Street, Troy, OH 45373-7303

Make it yours.

