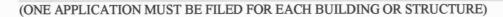
## **ACCESSORY ZONING PERMIT**





Each application must have a site plan showing the location of the project, or picture indicating accurate relevant dimension. All permits are issued to the applicant unless otherwise specified PLANNING DEPARTMENT 100 S Market St. Troy, OH 45373 Phone (937)339-9481, Fax (937)339-9341 www.troyohio.gov

1 LOCATION		Address of Project			Subdivision				10		ot No(s)	
OF PROJECT		Type of structure										
2 REQD INFO		Names (Please	Mailing	Mailing Addresses – Street, City,			Zip Code   Phone (Day time)					
APPLICANT					•	5						
	CONTRACTOR											
	PROPERTY OWNER											
3	3 Lot Size		4 Approxi		roximate	ximate cost of project		5	Height and stories of project		roject	
6 Sq ft of proposed project			7	Heig	Height and stories of house			8	Sq. ft. of ho	ft. of house		
6	SIGN YOUR FULL					Ol	OFFICE USE ONLY					
Ву	signing this applicatio	n, I acknowledge										
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.						. 11	YPE OF ORK	FEE \$	TOTALS			
Signature of applicant						RI	ESIDENTIAL	25.00				
Date: Fax No							ON ESIDENTIAL	\$100 + \$1.00 per 100 sf	r			
Н	OFFICE USE ONLY					T	IL AMT DUE					
	ZONING DISTRICT HISTORIC D Yes			DISTRICT FI			OOD ZONING A AE X		TL AMT AID			
								D	Date: Receip		No.	
A	PPROVAL CONTING	ENT UPON TH	E FOL	LOWI	NG:					1		
PERMIT ISSUED BY:												
•	REFER TO PERMIT	`NO:	•	DAT	E:				NOTES:			