

APPLICATION FOR HOME OCCUPANCY PERMIT



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

www.troyohio.gov

Rev 12/3/07

1 LOCATION OF HOME OCCUPATION	Project Address	Zoning District	Lot No(s)
	Name of Business	Type of Use (Office, agency, mail order, etc.)	
2 REQD INFO	Names (Please <u>Print</u>)	Mailing Addresses – Street, City, Zip Code	Phone (Day time)
	OCCUPANT		
	APPLICANT		
	PROPERTY OWNER		

REQUIRED INFORMATION ON PROPOSED HOME OCCUPATION

3	Total floor area (Square foot) Of the residence	Basement	1 st Floor	2 nd Floor	3 rd Floor
4	Total floor area occupied by the business	Basement	1 st Floor	2 nd Floor	3 rd Floor
5	List all exterior changes made to the residence to accommodate the business Outdoor sign _____ Additional Parking _____ Additional Storage _____				
6	Maximum number of customers served on site by the business At one time _____ In one day _____		7 Hours of operation From _____ To _____		

8. Maximum number of on premises employees	OFFICE USE ONLY	
9. List all equipment needed to operate the business	PERMIT FEES	DUE
10. List all materials/chemicals stored for use of the business	HOME OCCUPATION FEE	\$
	TOTAL AMOUNT DUE	
11 SIGN YOUR FULL NAME	TOTAL AMOUNT PAID	
By signing this application, I acknowledge that I am authorized by the owner to make this application. I agree to conform to all applicable laws of the City. Signature of applicant _____ Address and Zip Code: _____ Date: _____	Date:	Receipt No.
12 OFFICE USE ONLY		
ZONING DISTRICT	HISTORIC DISTRICT Yes No	FLOOD ZONING A B C

APPROVAL CONTINGENT UPON THE FOLLOWING:

PERMIT ISSUED BY:	NOTES:
<ul style="list-style-type: none"> REFER TO PERMIT NO: DATE: 	