



CITY OF HURON

Zoning Department
413 Main Street
Huron, Ohio 44839
419-433-3544
419-433-4318 fax
www.cityofhuron.org



Fence Application

Property Owner:

Name: _____

Address: _____

Telephone #: (_____) _____

Contractor:

Name: _____

Address: _____

Telephone # (_____) _____

Location of Project:

Street Address: _____

Lot #: _____

Project Scope

Property Use: Residential Commercial/Industrial

New Fence Replacement Other _____

Area of Project: Front Yard Side Yard Rear Yard

Explanation of Fence Type & Location: _____

Overall Height from Grade of the Proposed Fence: _____ ft.

Overall Linear Feet of Fence: _____ ft.

Value of Fence: \$ _____

A complete site plan must accompany this application showing the location of the fence in relation to lot and buildings.

Received by: _____

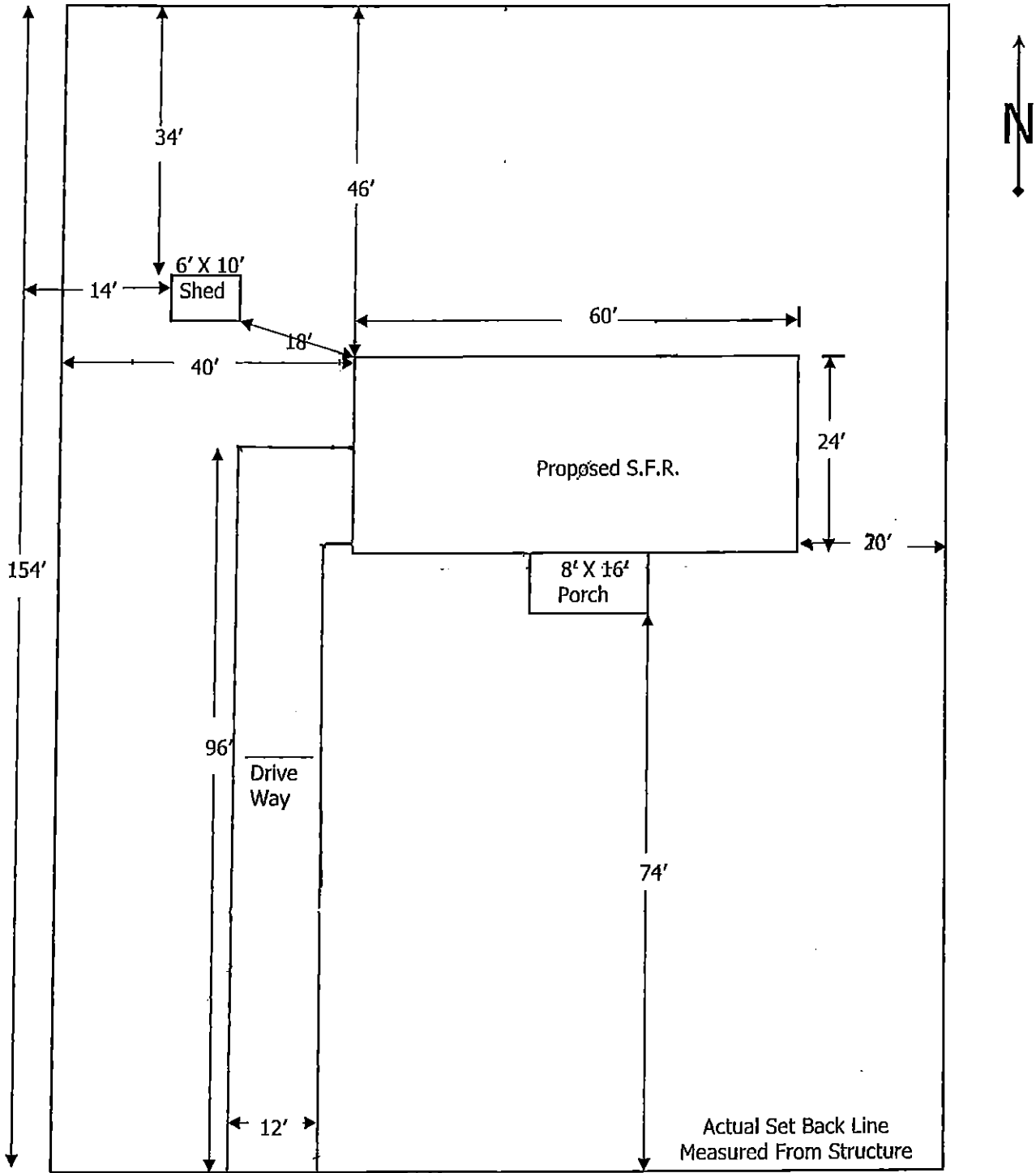
Date: _____

Reviewed by: _____

Permit # & Date: _____

EXAMPLE SITE PLAN

Parcel Number: 00 - 00 - 00 - 0000 - 0000 - 0000
 120'



100 First Street

Property Owner: _____

Address: _____

Name of Preparer: _____

Zoning: _____

THIS PLOT IS TRUE AND ACCURATE:

(Signature of Applicant or Agent) _____ DATE: _____