



# CITY OF HURON

Zoning Department  
413 Main Street  
Huron, Ohio 44839  
419-433-3544  
419-433-4318 fax  
[www.cityofhuron.org](http://www.cityofhuron.org)



## DESIGN REVIEW BOARD APPLICATION

**Property Owner:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

**Contractor:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_

**Name, Position & Address of Individual submitting application:**\_\_\_\_\_  
\_\_\_\_\_**Location of Project**

Street Address: \_\_\_\_\_

Lot #: \_\_\_\_\_

Parcel #: \_\_\_\_\_

Application Supported by Drawings Submitted by an Ohio Licensed Architect: Yes  No   
(If yes, give Architects name, address, contact number, & State of Ohio certification number):

\_\_\_\_\_  
\_\_\_\_\_**Project Scope:**

- |  |  |
|--|--|
| <input type="checkbox"/> Demolition                      | <input type="checkbox"/> Porches       |
| <input type="checkbox"/> New construction                | <input type="checkbox"/> Signs         |
| <input type="checkbox"/> Rehabilitation                  | <input type="checkbox"/> Awning/Canopy |
| <input type="checkbox"/> Interior remodeling             | <input type="checkbox"/> Doors         |
| <input type="checkbox"/> Alteration                      |  |
| <input type="checkbox"/> Exterior Architectural Features |  |
| <input type="checkbox"/> Windows                         |  |
| <input type="checkbox"/> Roof                            |  |



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Complete explanation of work being performed:

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**Along with this application, the following relevant information will be needed to review your request by the Board. Information shall include but is not limited to:**

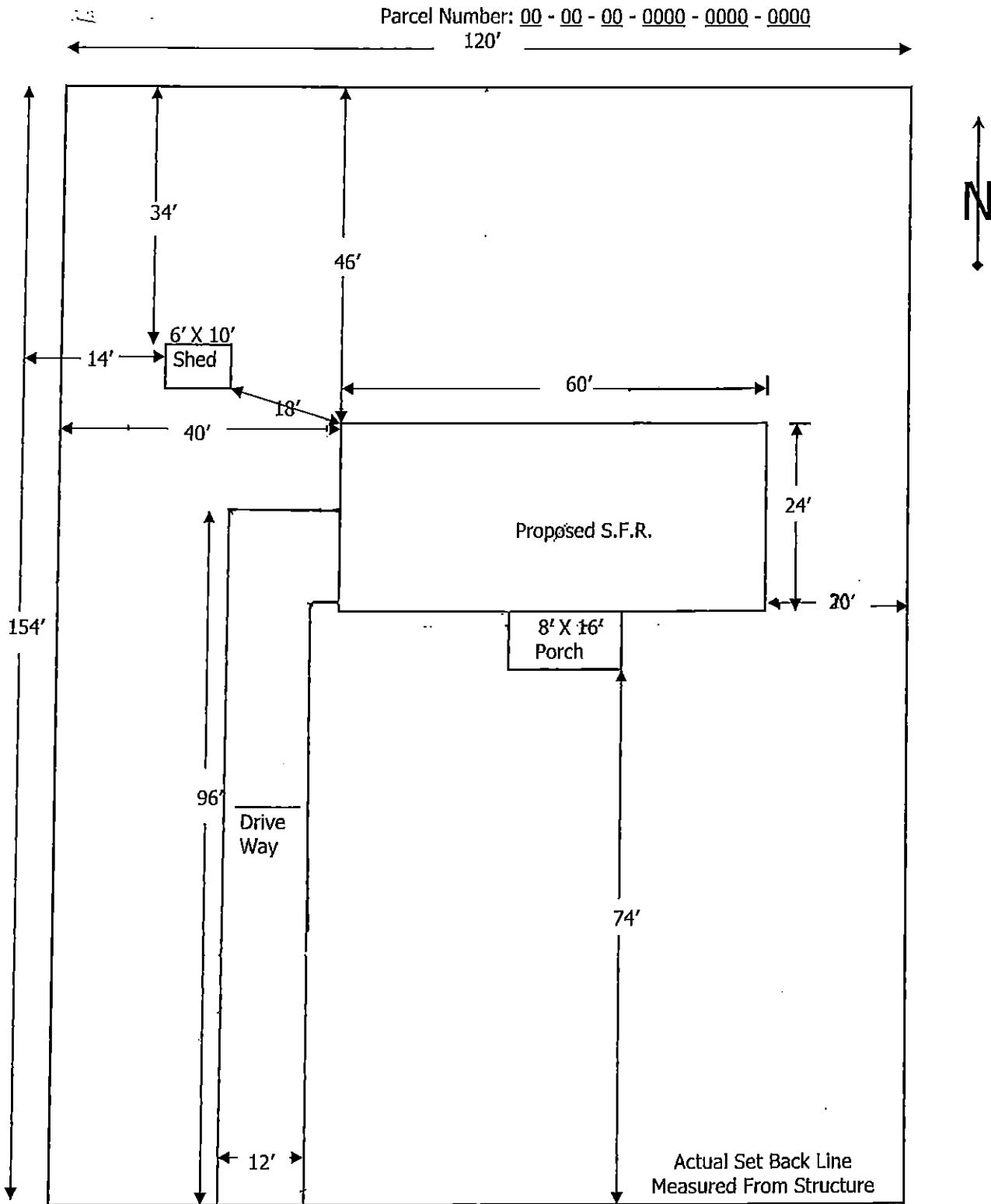
- Historical Data
- Site Plan
- Photographs showing existing conditions
- Drawings
- Building Elevations
- Paint Samples
- Exterior Building Samples
- Structural Materials Samples—color/type/construction
- Area Landscaping
- Area Lighting
- ALL Signage
- Screening method of all mechanical equipment ground or elevated

**Fee Paid: \$150.00 – Major Project**  
**\$50.00 – Minor Project**

Date of Submittal: \_\_\_\_\_  
Received By: \_\_\_\_\_

**EXAMPLE SITE PLAN**

Parcel Number: 00 - 00 - 00 - 0000 - 0000 - 0000



100 First Street

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Preparer: \_\_\_\_\_

Zoning: \_\_\_\_\_

THIS PLOT IS TRUE AND ACCURATE:

(Signature of Applicant or Agent) \_\_\_\_\_ DATE: \_\_\_\_\_