



CITY OF HURON
ZONING DEPARTMENT
 413 Main Street
 Huron, Ohio 44839
 419-433-3544
 419-433-4318 fax
www.cityofhuron.org



CITY OF HURON
APPLICATION TO RE-DISTRICT PROPERTY
 (Type or Print)

Application No.: _____ Date Received: _____

Location: _____

Legal Description of Subject Property:

Property Owner: _____
 Address: _____

Applicant: (Name & Address - if different from the property owner)

Current Zoning District of Subject Property:
 R-1 R-2 R-3 B-1 B-2 B-3

I-1 I-2 Other: _____

Proposed Zoning District of Subject Property:
 R-1 R-2 R-3 B-1 B-2 B-3

I-1 I-2 Other: _____