

City of Huron
Planning and Zoning Department
417 Main St. Huron, Ohio 44839
P: 419-433-5000
F: 419-433-5120



Fencing Permit Application

Property Owner

Name: _____
Address: _____
Phone: _____
Email: _____

Contractor

Name: _____
Address: _____
Phone: _____
Email: _____

Location of Project

Address: _____
County Parcel Number: _____
Lot # (if applicable): _____

New Fence Replacement Fence

Fence Height: _____ Linear feet Fencing: _____ Value (\$): _____

***A COMPLETE SITE PLAN MUST ACCOMPANY THIS APPLICATION. THE SITE PLAN MUST INCLUDE THE FOLLOWING INFORMATION:**

*All measurements shall be listed from the property line to the foundation of the structure.

_____ I hereby certify that I am the owner of record of the named property or that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, and we agree to conform to all applicable laws, regulations, and ordinances. All information contained within this application and supplemental materials is true and accurate to the best of my knowledge and belief.

Applicant Signature: _____ Date: _____

Owner Signature: _____ Date: _____