

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



Design Review Application

Property Owner

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

Applicant

Name: _____
 Company/Business Name: _____
 Mailing Address: _____
 Phone: _____
 Email: _____

Location and Description of Project

Address: _____ County Parcel #: _____
 Existing Use: _____ Acreage/Area of Site: _____
 Proposed Use: _____ Lot # (if applicable): _____
 Estimated Value of Project: _____

Zoning District:	R-1	R-1A	R-2	R-3	B-1	B-2	B-3	I-1	I-2	P-1	M
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Flood Zone:	A	AE	AO	AH	X (shaded)	X	(Definitions 1135.02(14))
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Description of Proposed Project: _____

***A complete set of architectural plans must accompany this application. The plans must include the following information:**

- ___ Photographs of Existing Conditions
- ___ Elevations of Proposed Modifications
- ___ Paint or Color Samples
- ___ Exterior Building Material Samples
- ___ All Proposed Signage with Dimensions and Elevations
- ___ Landscape Plan
- ___ All Lighting for the Project

***A complete drainage plan must be included for projects that result in grading, paving, site modification, or new construction.**

_____ 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 authorize 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: _____

For Departmental Use Only:

Date of Submission:		Decision and Date:	
Plans Included:		Zoning Permit #:	
DRB Meeting Date:			

Design Review App Fee:

Zoning Permit Fee (if applicable): _____

Date Paid: _____

Date Paid: _____

Denial Explanation: _____
