

BUSINESS/COMMERCIAL/INDUSTRIAL

IMPROVEMENTS, ADDITIONS, NEW CONSTRUCTION

- **Preliminary review:** in order for the Zoning Department to assist you with an overview of the permitting process and requirements, we need to know about your project. Contact the zoning department to set an appointment for a preliminary plan review. **This meeting is required.** Depending on your project; committee approvals (Planning Commission, Design Review Board) and plan reviews (Engineering & Erie County) may be required before any permitting can be considered.
- **Internal Departmental Review:** An internal departmental utility & safety review will be scheduled (Zoning, Building, City Engineer, Fire, Water, Streets, Erie County). There is no fee for this review, the applicant will be required to be in attendance.
- **Planning Commission and Design Review Board (PC & DRB):** completion of a PC commercial site plan application & design review board application with all required attachments and fees (PC \$150, DRB \$150/\$50) Include all required landscape plans, parking plans, material boards, material samples with applications. Attendance at the planning commission and design review board meetings are required. These meetings are held on the fourth Wednesday of every month at 5:00pm, your completed application packet(s) with the corresponding fee are to be submitted **two (2) weeks prior to the meeting date.** Refer to the city's planning and zoning code for requirements and regulations (Planning & Zoning Code):

<https://www.cityofhuron.org/government/city-council/charter-codified-ordinances>
- **Engineering & Storm Water Plan Review:** Depending on the project, a review of plans by the City Engineer and Erie County (SWPPP) may be required. Review fees will be applicable and a deposit required based on hourly estimates for the respective reviews.
- **Zoning and Building Applications:** (Site Plan and Commercial/Industrial Plan Review Application with 3 sets of plans bearing the seal of a design professional licensed in Ohio are required) Following applicable approvals by the PC/DRB, City Engineer, and Erie County, the Zoning Department will review the required site plan for compliance and issue the Zoning Permit. The Commercial/Industrial Plan Review Application and 3 sets of plans will then be distributed to our Building Department for review and Building Permit issuance. Zoning and Building Permit fees will apply. Permit fee schedules are available on the city website: <https://www.cityofhuron.org/government/departments/building-zoning-departments> Upon issuance of permits, you will be contacted with the permit fees which can be paid by check made payable to the City of Huron.
- Depending on your project and project location, you may also require Street Opening/Right-of-Way permits, new Water Service/Tap application. These are general permits which can be found:
<https://www.cityofhuron.org/government/forms-permit-applications-studies>
- **Contractors:** All contractors working on your project must be registered with the City of Huron before permits will be released. <https://www.cityofhuron.org/government/departments/building-zoning-departments>
- **One stop shop:** all applications and required plans are submitted to the Zoning Department at the City of Huron. You can drop off, mail, email or use our exterior drop box to submit your applications. Permits will be issued/picked-up at our office.

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



Planning Commission- Commercial Site Plan Application
(Deadline for submission - 2 weeks prior to meeting date)

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: _____

New Construction Demolition
 Addition to Existing Structure Other: _____

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: _____

***The application fee of \$150.00 and a complete site plan with following information must be included with this application and provided in a PDF format:**

- _____ Dimensions of the Lot/Property Lines
- _____ Size and Location of the Existing Structure (if applicable)
- _____ Size and Location of the Proposed Structure
- _____ Front, Rear, and Side Setbacks of Existing Structure (if applicable)
- _____ Front, Rear, and Side Setbacks of Proposed Structure
- _____ Height of the Proposed Structure
- _____ Location of Sidewalks, Driveways, Drive Aisles, Parking Areas (with markings), Fire Lanes
- _____ Location of all utility connections and infrastructure
- _____ Plan for any curb cut/apron connection to public street

***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.

PLEASE NOTE: Upon approval from the Planning Commission and/or Design Review Board, your project may require Engineering Plan review and Storm Water/Erosion Control Plan review, associated fees will apply. Additionally, Zoning and/or Building Permits may be required, associated permit fees will apply. Contractors on your project must be registered with the City.

Applicant Signature: _____ Date: _____

Owner Signature: _____ Date: _____

For Departmental Use Only:

Date of Submission: _____ Application Fee: _____ PC Meeting Date: _____

Comments: _____

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



Design Review Board Application
(Deadline for submission- 2 weeks prior to meeting date)

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: _____

***Application fee must be included with submission. 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.

PLEASE NOTE: Upon approval from the Planning Commission and/or Design Review Board, your project may require Engineering Plan review and Storm Water and Erosion Control Plan review, associated fees will apply. Additionally, issuance of Zoning and/or Building Permits may be required, associated permit fees will apply. Contractors working on your project must be registered with the City.

Applicant Signature: _____ Date: _____

Owner Signature: _____ Date: _____

For Department Use Only

Date of Submission: _____ Application Fee: _____ DRB Meeting Date: _____

Design Review Board Application - Signage
 (Deadline for submission- 2 weeks prior to meeting date)

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
 (if changing): _____

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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Sign Type (circle)				Dimensions			
Sign #1:	Wall	Window	Other:	Height	Width	Display Area	Height (if ground)
	Ground	Changeable Copy		X	=	sq. ft.	ft.
Sign Type (circle)				Dimensions			
Sign #2:	Wall	Window	Other:	Height	Width	Display Area	Height (if ground)
	Ground	Changeable Copy		X	=	sq. ft.	ft.
Sign Type (circle)				Dimensions			
Sign #3:	Wall	Window	Other:	Height	Width	Display Area	Height (if ground)
	Ground	Changeable Copy		X	=	sq. ft.	ft.
Sign Type (circle)				Dimensions			
Sign #4:	Wall	Window	Other:	Height	Width	Display Area	Height (if ground)
	Ground	Changeable Copy		X	=	sq. ft.	ft.

***Application fee of \$50 must be included with your submission. A complete set of plans must accompany this application. The plans must include the following information:**

- ____ Colored Elevations of Proposed Modifications
- ____ All Proposed Signage with Dimensions and Proposed Location with Setbacks
- ____ 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.

PLEASE NOTE: Upon approval from Design Review Board, your project will require Zoning and/or Building Permits, associated permit fees will apply. Contractors working on your project must be registered with the City.

Applicant Signature: _____ Date: _____

Owner Signature: _____ Date: _____

For Department Use Only

Date of Submission: _____ Application Fee: _____ DRB Meeting Date: _____

Comments:



APPLICATION FOR BUILDING PLAN APPROVAL

Submit one application per building or structure. See instruction sheet for details.

1	SCOPE OF PROJECT: <input type="checkbox"/> Fire alarm <input type="checkbox"/> Sprinkler system <input type="checkbox"/> Mechanical <input type="checkbox"/> Building general <input type="checkbox"/> Electrical <input type="checkbox"/> Industrialized unit <input type="checkbox"/> Plumbing <input type="checkbox"/> Medical gas <input type="checkbox"/> Other	2	TYPE OF PROJECT: <input type="checkbox"/> New construction <input type="checkbox"/> Building addition <input type="checkbox"/> Building alteration <input type="checkbox"/> Change of occupancy	3	REQUEST FOR PHASED REVIEW: (Optional) <input type="checkbox"/> Footing/Foundation <input type="checkbox"/> Building slab <input type="checkbox"/> Building shell <input type="checkbox"/> Interior partitions <input type="checkbox"/> Building systems
4	APPLICATION RELATED INFORMATION: <ul style="list-style-type: none">Is this project being submitted as a result of a previous preliminary plan review? <input type="checkbox"/> No <input type="checkbox"/> Yes, Provide the preliminary plan review CPA number.: _____Has this building received any certificate of plan approval before this application? <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide all previous or related CPA No.: _____Is this application submitted as a result of a Notice of Violation or Adjudication Order? <input type="checkbox"/> No <input type="checkbox"/> Yes, please provide the adjudication order number: _____Total number of sheets in one set of your drawings for this application? _____				
5	PROJECT/BUILDING LOCATION: Building Name _____ Address _____ City/State _____ Zip Code _____ County _____ Directions _____ <ul style="list-style-type: none">Is this project /building received zoning approval? <input type="checkbox"/> Yes <input type="checkbox"/> NoIs this project/building located within your local flood plain? <input type="checkbox"/> Yes <input type="checkbox"/> No				
6	BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION: _____ _____ _____				
7	BUILDING OWNER INFORMATION: Name of owner: _____ Attention: _____ Address _____ Phone No. _____ Fax _____ E-mail _____				

8	APPLICANT INFORMATION:	
Applicant _____ Attention: _____		
Address _____		
Phone No. _____ Fax _____ E-mail _____		
9	DESIGNER INFORMATION: ___ Architect ___ Engineer ___ Fire protection system designer	
Name: _____ Ohio registration No: _____ Company: _____		
Address _____		
Phone No. _____ Fax _____ E-mail _____		
10	GENERAL BUILDING CODE INFORMATION:	
Current use group(s) _____ Proposed use group(s) _____		
Mixed-use groups separation? ___ Yes ___ No. Building construction type _____		
Building height (ft) _____ No. of stories _____ Building occupant load _____		
▪ Fire Protection Systems: (Enter the type of system; i.e. NFPA 13, etc., if known. Enter "N/A" if not applicable)		
Building sprinkler? _____ Sprinkler demand @ base of riser (PSI)? _____		
Limited area sprinkler? _____ Hood suppression? _____ In-Rack sprinkler? _____		
Building fire alarm? _____ Fire detection? _____ Smoke detection? _____		
11	APPLICATION FEES: Paid by: ___ Cash ___ Check	
▪ Total square footage of construction area (Round up to the next 100 square feet):		
Building _____ Mechanical _____ Electrical _____ Sprinkler _____ I.U. _____		
▪ Total linear footage of construction items not covered under the square footage:		
Building _____ Mechanical _____ Electrical _____ No. of alarm devices _____		
▪ Plumbing: (Through Erie County Health Department) _____		
▪ Medical gas: No. of rooms with med gas equipment: _____ No. of zone valve assembly? _____		
Total number of systems: _____ Total number of tie-ins: _____		
▪ Total application fees (from fee worksheet) _____ Estimated construction cost: _____		
▪ After review, you will notified when fees are due		
12	13	FOR OFFICIAL USE ONLY:
I certify that I am the _____ owner ___ Agent of owner and all information contained in this application is true, accurate, and complete to the best of my knowledge. All official correspondence in connection with this application should be sent to my attention at the address shown above.		Date Received: _____
Signature _____		CPA Number: _____
Print Name: _____ Date _____		Check Number: _____
		Processed by: _____

The maximum number of inspections included in the fees provided for in Section 4101:7-7 of the Ohio Administrative Code (OAC) will be as indicated in the chart below. Any additional inspections will be subject to a charge of \$150 re-inspection fee. Please note that the allocated number of inspections does not include fire protection system acceptance inspections by the State or local fire officials.

No. of allocated inspections included in the permit fees	
0-2,500 (s.f., l.f., or No. of devices)	5 per each scope of project
2,501-10,000 (s.f., l.f., or No. of devices)	6 per each scope of project
10,001-20,000 (s.f., l.f., or No. of devices)	9 per each scope of project
20,001-30,000 (s.f., l.f., or No. of devices)	10 per each scope of project
> 30,000 (s.f., l.f., or No. of devices)	Add 1 inspection per each additional 10,000 s.f.
Number of allocated inspections for medical gas scope of work included in the permit fees	
Total number of rooms with medical gas equipment	2 per room
Total number of zone valve assembly	2 per assembly
Total number of medical gas system	2 per system
Total number of tie-ins	2 per tie-in

INSTRUCTIONS FOR COMPLETING OHIO APPLICATION FOR BUILDING PLAN APPROVAL

Application Directions: Complete page one of the application and attached worksheets as outlined below. All boxes, 1 through 14, must be completed in full or the application will be returned. Send this completed form along with all required documents to "Huron Township Building Department, 1820 Bogart Rd., Huron, Ohio 44839"

1. **SCOPE OF PROJECT:** Check all the boxes that apply to the scope of work proposed in this project. Every scope of work checked must be accompanied with the appropriate fees. Without establishing the proper scope of work, the division will be unable to establish the inspection schedule for the project. Please note that "**Building General**" refers to all "**general trade**" work in the building including ceiling panels/grids, non-loadbearing partitions, flooring, etc.; NOT just structural loadbearing components of the building.
2. **TYPE OF PROJECT:** Check one of the types of projects from the list.
3. **PHASED PLAN REVIEW:** If you are applying for a phased plan approval, check all phases of the plan reviews that are applicable to this project. The plans examiner will review your plans according to the phased schedule. If you are not applying for a phased plan review, leave all boxes blank.
4. **APPLICATION RELATED INFORMATION:** Answer each of the questions in this block and provide additional information accordingly. Complete answers to the questions will help the division process and review the project accurately.
5. **PROJECT/BUILDING LOCATION:** Please provide complete information identifying the location of the building where the construction or renovation will occur. This will help the division determine the proper jurisdiction for the project.
6. **BRIEF DESCRIPTION OF THE SCOPE OF WORK COVERED UNDER THIS APPLICATION:** Please provide a brief description of the scope of work. Please include the names of the areas or rooms affected by the construction when only a portion of building is covered under the permit application. The description provided will be shown on your certificate of use and occupancy.
7. **BUILDING OWNER INFORMATION:** Please provide complete answers to each item. If the building is owned by a corporation, please provide the name of the corporation and identify a contact person in the section called "Attention."

8. **APPLICANT INFORMATION:** Provide complete information. All project correspondences will be directed to the project applicant.
9. **DESIGNER INFORMATION:** Section 106.2 of the Ohio Building Code requires that the design professional be identified including the design professional's Ohio registration number.
10. **GENERAL BUILDING INFORMATION:** The information provided applies to the entire building and is not limited to the construction area. Even when the proposed project is a partial building renovation or a building addition, the information for the entire building is required. The information provided will be shown on your certificate of use and occupancy in accordance with section 111 of the Ohio Building Code.
11. **APPLICATION FEES:** Please check one of the preferred payment methods and provide the square footage or linear footage of the areas affected by the construction. Please refer to the Fees Worksheet in this package for more details.
12. **CERTIFICATION:** The application cannot be processed if this section is not complete.
13. **OFFICE USE ONLY:** This section is reserved for our office use only. Please do not mark in this area.

Once the plans have been examined and approved, a Certificate of Plan Approval will be issued to the owner along with two sets of construction documents. One of the sets of construction documents must remain at the job site at all times during construction pursuant to Section 107.7 Ohio Building Code. Inspections can be obtained from the Huron Township Department of Building by calling at least one day prior to the inspection. The dispatch phone number is (419) 433-2775. Once all inspections have been obtained a final Certificate of Occupancy will be issued pursuant to Section 111 Ohio Building Code.

INSTRUCTIONS FOR APPLICATION FEE WORKSHEET

- *Building general linear footage fee applies to fences and/or retaining walls, etc.*
- *Mechanical linear footage fee and/or electrical linear footage fee apply to projects containing mechanical and/or electrical works where square footages are difficult to calculate; such as HVAC ductwork only, electrical wiring only, etc. If the work can be covered under the square footage fee calculation; no need to provide linear footage fee again.*

A 3% accessment fee will be added as per OBS

WORKSHEET FOR APPLICATION FEES TO BE PAID

BUILDING GENERAL SCOPE (* Round up all lineal and square footage figures to the next 100)				
A. \$275.00 Processing Fee				\$
B. \$10.50 per 100 Square Feet** (Ex. if 103 sq ft, round to 200 sq ft)				\$
C. \$10.50 per 100 Lineal Feet** (See notes above)				\$
D. \$5.00 Ohio Board of Building Standards fee for building general scope				\$
MECHANICAL SCOPE (** Round up all lineal and square footage figures to the next 100)				
A. \$275.00 Processing Fee				\$
B. \$6.50 per 100 Square Feet** (See notes above)				\$
C. \$5.00 Ohio Board of Building Standards fee for mechanical scope				\$
ELECTRICAL SCOPE (** Round up all lineal and square footage figures to the next 100)				
A. \$275.00 Processing Fee				\$
B. \$6.50 per 100 Square Feet** (Ex. if 103 sq ft, round to 200 sq ft)				\$
C. \$6.50 per 100 Lineal Feet** (See notes above)				\$
D. \$5.00 Ohio Board of Building Standards fee for electrical scope				\$
FIRE ALARM SCOPE (Do not include system acceptance tests/inspections by fire officials)				
A. \$275.00 Processing Fee				\$
B. \$6.50 per Alarm Device				\$
C. \$5.00 Ohio Board of Building Standards fee for fire alarm scope				\$
SPRINKLER SCOPE (Do not include system acceptance tests/inspections by fire officials)				
A. \$275.00 Processing Fee				\$
B. \$6.50 per 100 Square Feet** (Ex. if 103 sq ft, round to 200 sq ft)				\$
C. \$5.00 Ohio Board of Building Standards fee for sprinkler scope				\$
PLUMBING SCOPE				
A. Submitted to the Erie County Health Department, 420 Superior St., Sandusky, OH 44870 419-626-5623 Ext. 209 - plumbing@eriecohealthoh o.org				
MEDICAL GAS SCOPE				
A. \$275.00 Processing Fee				\$
B. \$275.00 Plan Review Fee				\$
C. \$10.00 per room with medical gas equipment		Total No. of room(s)	=	\$
D. \$25.00 per zone valve assembly		Total No. of assemblies	=	\$
E. \$25.00 per system		Total No. of systems	=	\$
F. \$25.00 per tie-in		Total No. of tie-ins	=	\$
G. \$5.00 Ohio Board of Building Standards fee for medical gas scope				\$
INDUSTRIALIZED UNIT SCOPE				
A. \$200.00 Processing Fee				\$
B. \$1.75 per 100 Square Feet** (Ex. if 103 sq ft round to 200 sq ft. The Industrialized Unit fees are only required if you are placing an approved Board of Building Standards Industrialized Unit at a commercial or industrial site for the first time. Otherwise, ignore this fee box.)				\$
C. \$5.00 Ohio Board of Building Standards fee for industrialized unit scope				\$
CERTIFICATE OF OCCUPANCY OR CERTIFICATE OF COMPLETION FEES (4101:7-7-01 OAC)				
A. \$65.00 per application except for the application with plumbing scope only				\$
State Assessment 3%			=	\$
TOTAL (transfer this amount to Total Fees to be Paid on the front side of this application)				\$

Work Sheet for Phased Plan Review Request

1	Project location: Building address: _____ County: _____
2	Check the type(s) of work <input type="checkbox"/> New Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Addition <input type="checkbox"/> Change of occupancy
3	Building information Use group(s) _____ Construction type _____
4	Request plan review per construction phase(s): (Select all applicable) <input type="checkbox"/> Building footing and foundation (Submit all documents listed below) <ul style="list-style-type: none"> ▪ Site plan showing the location of the building and fire separation distances ▪ Building code information analysis for the entire proposed building ▪ Building footing & foundation plans showing structural design data and details ▪ Building floor plans showing room use occupancy purpose and dimensions for each room ▪ Soil investigation report if required by Section 1803 Ohio Building Code (OBC) ▪ Special inspection statement & inspector's resume if required by Section 1705 OBC. <input type="checkbox"/> Building slab and perimeter insulation (Submit all documents listed below) <ul style="list-style-type: none"> ▪ All documents required for footing and foundation phase ▪ Building slab and perimeter insulation details ▪ Types and details of all underground utilities entering the building ▪ Building energy conservation report per Section 1301 OBC if applicable. <input type="checkbox"/> Building shell (Submit all documents listed below) <ul style="list-style-type: none"> ▪ All documents required for footing, foundation, slab, and perimeter insulation. ▪ Building design data and factors, construction details, fire rating for all building walls & floors ▪ Roof construction details ▪ Electrical & means of egress lighting design & details for exterior walls & building. <input type="checkbox"/> Building interior partitions (Submit all documents listed below) <ul style="list-style-type: none"> ▪ All documents required for footing, foundation, slab, perimeter insulation, and building shell ▪ Construction details and fire rating requirement for all interior partitions ▪ Electrical, plumbing, and/or mechanical details for interior partitions <input type="checkbox"/> Building systems; mechanical, electrical, plumbing, fire protections, etc. (All documents) <ul style="list-style-type: none"> ▪ All documents required from foundation to building structural completion ▪ Construction details for building system(s) requested. <input type="checkbox"/> Other types of construction phases: <ul style="list-style-type: none"> ▪ Provide complete drawings and information according to the phases specified.