



CITY OF HURON

Zoning Department
413 Main Street
Huron, Ohio 44839
419-433-3544
419-433-4318 fax
www.cityofhuron.org



Accessory Use

Property Owner:

Name: _____

Address: _____

Telephone # (____) _____

Contractor:

Name: _____

Address: _____

Telephone # (____) _____

Location of Project:

Street Address: _____

Lot #: _____

Project Scope

New Structure Replacement

Building/Structure Use:

Storage Garage Equipment Swimming Pool Wind Turbine

Other _____

Size of Structure: _____ x _____ Area: _____ sq. ft.

Setbacks

Structure will be located in the front side rear yard

Setbacks: (from property lines)

front yard _____ ft. rear yard _____ ft.

side yards (facing structure)

east side _____ ft. west side _____ ft.

Overall height of proposed structure from grade: _____ ft.



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**CITY OF HURON ZONING DEPT.
APPLICATION
(Accessory Structure)**

Flood Zone of Subject Property: A B C D

(If the property is located in an A zone, a Flood Elevation Certificate is required to accompany this application.)

Value of Work Being Done: \$ _____

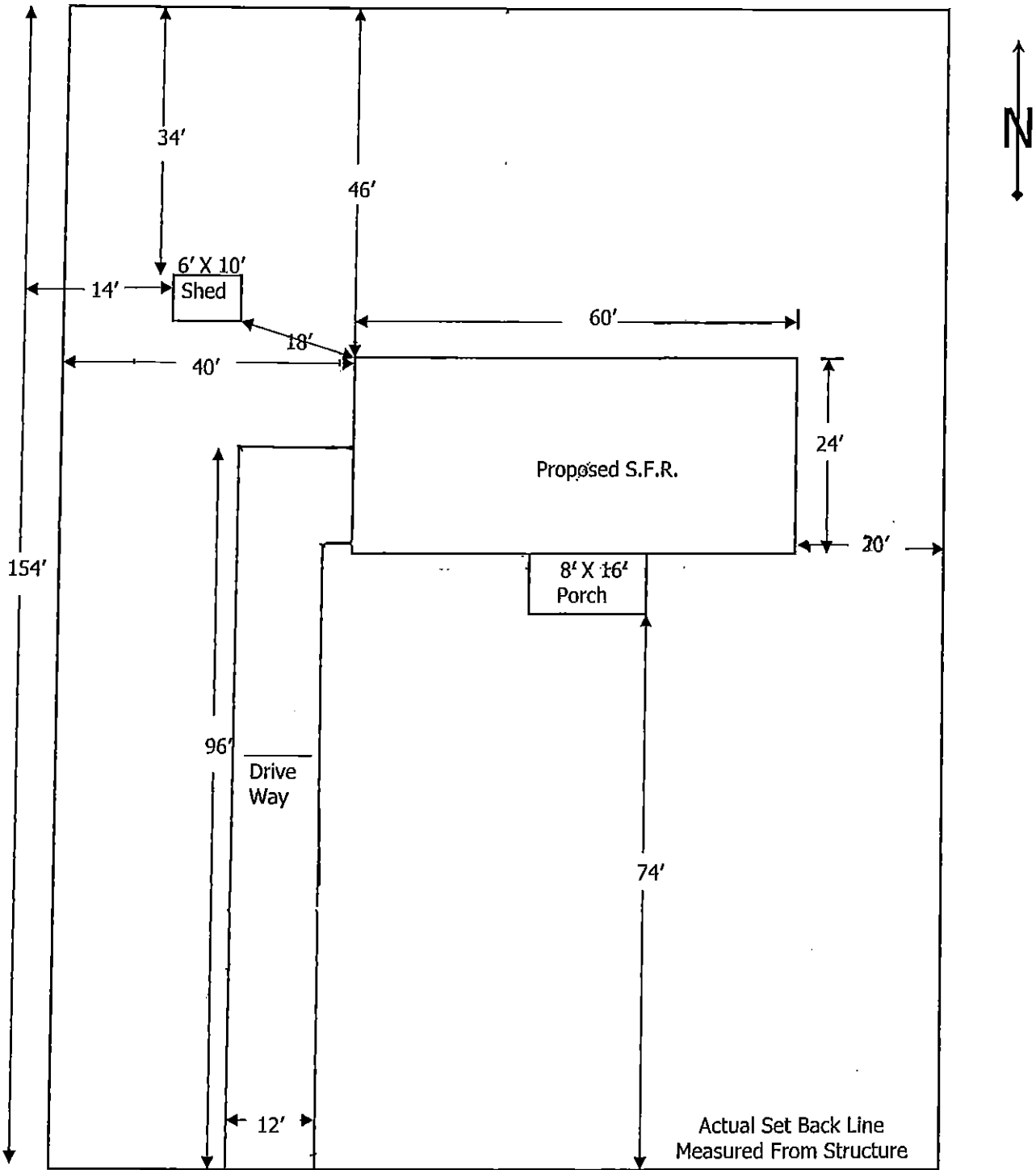
A complete site plan must accompany this application showing the location of the accessory building in relation to lot and buildings.

Date of Submittal: _____
Site Plan Submitted: Yes No
Plans Submitted: Yes No
Received By: _____

Plans approved by: _____
Permit # & Date: _____

EXAMPLE SITE PLAN

Parcel Number: 00 - 00 - 00 - 0000 - 0000 - 0000
120'



100 First Street

Property Owner: _____

Address: _____

Name of Preparer: _____

Zoning: _____

THIS PLOT IS TRUE AND ACCURATE:

(Signature of Applicant or Agent) _____ DATE: _____