

Residential Zoning Permit Application

Property Owner

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

Contractor

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

Location of Project

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

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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Project Description

- | | |
|---|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Addition to Existing Structure | <input type="checkbox"/> Porch |
| <input type="checkbox"/> Detached Garage/Shed/Storage | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Other: _____ |

Description of Proposed Project: _____

Estimated Value of Proposed Project: _____

***A complete site plan must accompany this application. The site plan must include the following information:**

- ___ Dimensions of the Lot
- ___ 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 and Driveways (if applicable)
- ___ Location of all utility connections and infrastructure (new construction only)

*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 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 use by City of Huron Zoning Department:

Date of Submission:	
Site Plan Included?:	
Received By:	
Approved or Denied:	
Date of Decision:	
Permit #:	
Permit Fee:	
Permit Fee Paid and Date of Payment:	
Building Permit Req'd:	

Denial Explanation: _____
