

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



RE-ZONING PROCEDURE
OUTLINE AND APPLICATION
Codified Ordinance Section 1131.03

This application is used to request consideration for the re-districting/re-zoning of a property. Prior to the submission of an application, a meeting with the Planning & Zoning Manager is required for review of the re-districting/re-zoning request.

The completed application will be submitted to the Planning & Zoning Department. The following schedule and time table shall serve as a guideline:

1. Completed application, documentation, and fee received by the Zoning Department
2. A notification is submitted to the City Council at their next regularly scheduled meeting. A motion to refer the case to the Planning Commission is made.
3. Planning Commission consideration and recommendation to the City Council (at least thirty (30) days from their (Planning Commission's) receipt of the application. Notifications are sent out to the parties of interest as required in Section 1131.03 of the Codified Ordinances at least twenty (20) days before the Planning Commission considers the matter.
4. Report and recommendation to the City Council at their (City Council's) next regularly scheduled meeting
5. City Council Public Hearing (at least thirty (30) days from their receipt of Planning Commission's recommendation)
6. City Council to take final legislative action (Ordinance).

CITY OF HURON
APPLICATION TO RE-DISTRICT PROPERTY
(Type or Print)

Date : _____

Property Owner: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Address of Property to be Rezoned:

Parcel Number: _____

Applicant: (Name & Address - if different from the property owner)

Current Zoning District of Subject Property:

R-1 ☐ R-2 ☐ R-3 ☐ B-1 ☐ B-2 ☐ B-3 ☐

I-1 ☐ I-2 ☐ Other: _____

Explain the reason that re-districting/re-zoning is being
requested: _____

Proposed Zoning District of Subject Property:

R-1 ☐ R-2 ☐ R-3 ☐ B-1 ☐ B-2 ☐ B-3 ☐

I-1 ☐ I-2 ☐ Other: _____

Was a re-zoning request ever submitted for this property? No ___ Yes ☐: Date _____

Is the applicant represented by legal counsel? Yes ☐ No ☐

If Yes, Counsel's Name and Address: _____

Contact Number and Email _____

The following must be attached to this application:

1. A map of the subject property (maximum size 11" x17")
2. A map of the subject property in relation to the adjoining properties.(max size 11" x 17")
3. A complete list of the names and current addresses of all property owners within 150' of the exterior boundaries of the subject property.
4. A \$250.00 non-refundable application fee, made payable to the City of Huron. (Section 1321.12 (c))

Applicant Signature: _____

Property Owner Signature: _____
(required)

DO NOT WRITE BELOW THIS LINE

Date Completed Application Received: _____

Zoning Department Representative: _____

Date Submitted to City Council: _____

Date Submitted to Planning Commission: _____