

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



### **Demolition Permit**

**Job Address:** \_\_\_\_\_

**Parcel Number:** \_\_\_\_\_

**Type of Structure(s) to be removed:** \_\_\_\_\_

**Height of Structure to be removed:** \_\_\_\_\_

**Fire Department Training:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Removal Completion Date:** \_\_\_\_\_

**Owner or Agent:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Huron Contractor Registration Number:** \_\_\_\_\_ **(must be registered with the City of Huron)**

**Please submit the following with this application, along with the fee:**

1. Proof of ownership (i.e. Auditor's webpage copy, deed, executed closing statement)
2. Documentation showing real estate taxes have been paid to date (i.e. Auditor's webpage copy)
3. Copy of completed utility statement (see attached)
4. Site plan showing all structures on subject and adjacent properties (identify all structures to be removed)

Demolitions shall comply with the Ohio Building Code, Section 3303. Adjoining property shall be protected in accordance with the Ohio Building Code, Section 3307.

**Demolition must be completed, with all debris removed, graded/seeded, within 30 days of permit issuance. Final Zoning Inspection will be required.**

**1321.08 DEMOLITION FEE.** For a permit for the demolition of a building or structure, the fee shall be at the rate of five dollars (\$5.00) for each ten feet in the height of such building or structure plus one percent additional for each foot of street frontage of the building or structure in excess of fifty feet. (Ord. 2012-33. Passed 7-24-12.)

The owner and/or contractor assumes all responsibility for compliance with the City of Huron, Code of Ordinances. All violations of the City of Huron, Code of Ordinances shall be corrected at the request of the Division of Building Standards.

**Owner or Agent (signature):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Contractor (signature):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Zoning Approval:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Chief Building Official:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Utility Statement

---

|              | <u>Not Applicable</u>    | <u>Date of Removal</u> | <u>Utility Work Order #</u><br>(If applicable) |
|--------------|--------------------------|------------------------|--|
| ELECTRIC     | <input type="checkbox"/> | _____                  | _____  |
| NATURAL GAS  | <input type="checkbox"/> | _____                  | _____  |
| CABLE        | <input type="checkbox"/> | _____                  | _____  |
| TELEPHONE    | <input type="checkbox"/> | _____                  | _____  |
| PUBLIC WATER | <input type="checkbox"/> | _____                  | _____  |
| PUBLIC SEWER | <input type="checkbox"/> | _____                  | _____  |

**FUEL TANKS (PROPANE, FUEL OIL, GASOLINE, DIESEL, KEROSENE)** Please  
describe plan for disposal of the above fuel tanks if applicable.

---

---

---

**PRIVATE SEWAGE SYSTEMS AND WELLS:** Please describe plan for removal/remediation of these types of systems.

---

---

---

**The above is true and correct to the best of my knowledge.**

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_