

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> (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: _____