

**HURON TOWNSHIP
BUILDING DEPARTMENT
APPLICATION
(Accessory Use)**

Jurisdiction:

Huron Twp. Huron City Milan Village Berlin Village Margaretta Twp.
Oxford Twp. Castalia Village

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 (over 24" deep) Wind Turbine

Other _____

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

Setbacks

(Projects in Huron Township Only)

(All other projects require approval of the appropriate Zoning Inspector and that approval must accompany this application)

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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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 or no action will be taken.)

What permits are being applied for?

Structural Electrical

Note: If electrical work is included in this project and the required permit is not applied for, and issued, a 200% penalty will be assessed against the owner of the property in addition to the normal permit fee.....

Value of Work Being Done: \$ _____

CONSTRUCTION SPECIFICATIONS:

The structure must have the following:

1. Some type of approved anchoring system is required to avoid displacement.

Explain anchoring system _____

2. Approved truss ties (hurricane straps) shall be installed.

A complete set of Plans, Specifications, and a Site Plan must accompany this application. It is not necessary to submit complete electrical as it will be inspected on-site by the appropriate Inspectors.

Wind Energy Conversion Systems require complete plans, including all loads, stamped by a Ohio (certified & licensed) design professional (Engineer or Architect)

ZONING APPROVAL: _____

DATE OF APPROVAL: _____

Date of Submittal: _____

Site Plan Submitted: Yes No

Plans Submitted: Yes No

Received By: _____

Plans approved by: _____

Permit # & Date: _____