



Certificate of Zoning Compliance -  
 Zoning Permit Application  
 City of St. Clairsville, Ohio  
**Tom Murphy, P.O. Box 537**  
**100 N. Market Street**  
**St. Clairsville, OH 43950**  
**740.695.1953 - stcplanning@stclairsville.com**

The applicant signing this form, based on the information below, hereby certifies that all information and any attachments are true and correct.

1. Address of Property \_\_\_\_\_

2. Name & Address of Property Owner \_\_\_\_\_

3. Contractor/Business Owner Name and Address \_\_\_\_\_

4. Contact Information  
 (Best Phone #/email address \_\_\_\_\_)

5. Name of Applicant \_\_\_\_\_

6. Existing Use \_\_\_\_\_

7. Proposed Use: Same \_\_\_\_\_ Other \_\_\_\_\_

8. Describe \_\_\_\_\_

9. # Of Off-Street Parking Spaces Provided \_\_\_\_\_ # Of Loading Berths \_\_\_\_\_

**NEW CONSTRUCTION, ALTERATION, ADDITION, ET. AL.**  
 (fill in below)

**Type of Improvement:** New Building \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_

**Existing Lot Size:** Width \_\_\_\_\_ ft. (x) Depth \_\_\_\_\_ ft. = Lot Area \_\_\_\_\_ s.f.

**Principal Building (Existing Structure):** Width \_\_\_\_\_ ft. x Depth \_\_\_\_\_ ft = Total s.f. \_\_\_\_\_

Setbacks: Front \_\_\_\_\_ ft. Rear \_\_\_\_\_ ft Side \_\_\_\_\_ ft Side \_\_\_\_\_ ft

Height/Stories \_\_\_\_\_

**Acc. Structure (Ex. Garage, shed, pool etc.):** Width \_\_\_\_\_ ft. x Depth \_\_\_\_\_ ft = Total s.f. \_\_\_\_\_

Setbacks: Front \_\_\_\_\_ ft. Rear \_\_\_\_\_ ft Side \_\_\_\_\_ ft Side \_\_\_\_\_ ft

Height/Stories \_\_\_\_\_

**Proposed Constructiion** Width \_\_\_\_\_ ft. x Depth \_\_\_\_\_ ft = Total s.f. \_\_\_\_\_

Setbacks: Front \_\_\_\_\_ ft. Rear \_\_\_\_\_ ft Side \_\_\_\_\_ ft Side \_\_\_\_\_ ft

Height/Stories \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**PRESENT ZONING OF PROPERTY** \_\_\_\_\_

**PARKING:** Off-Street Spaces Provided \_\_\_\_\_ Off-Street Spaces Required \_\_\_\_\_

Continuation of non-conforming off-street parking \_\_\_\_\_

Spaces required by previous use \_\_\_\_\_

**IS PROPERTY LOCATED IN 100 YEAR FLOOD PLAIN?** \_\_\_\_\_

**DETERMINATION:**

Proposed Use is Permitted \_\_\_\_\_ Proposed Use is not Permitted \_\_\_\_\_

Proposed Use is a continuation/renewal of a non-conforming use \_\_\_\_\_

**REQUIRES BOARD OF ZONING APPEALS (BZA) ACTION:**

Requires a Variance \_\_\_\_\_

Reason for Variance \_\_\_\_\_

\_\_\_\_\_

Requires a Conditional Use/Special Exception Permit \_\_\_\_\_

Reason for Conditional Use/Special Exception Permit \_\_\_\_\_

\_\_\_\_\_

Requires other action by the BZA or other City Board/Commission \_\_\_\_\_

Reason for action \_\_\_\_\_

\_\_\_\_\_

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**This application for Certificate of Zoning Compliance/Zoning Permit has been:**

Approved \_\_\_\_\_

Permit Number \_\_\_\_\_

Denied \_\_\_\_\_

**Reason for Denial** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Staff Signature**

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