

**City of St. Clairsville
Historic Downtown District**

**Application for Certificate of Appropriateness and
Permit to Move, Remove or Demolish**

Print and fill out this form. Return to the City Building.

Property Location: _____

Present Use: _____

Proposed Use: _____

Applicant Address: _____

Home Phone: _____

Business Phone: _____

Owner Address: _____

Owner Phone: _____

Architect Address: _____

Architect Phone: _____

Contractor Address: _____

Contractor Phone: _____

Project Description: _____

Approximate Cost: _____

Attachments made part of this application (six of each):

_____ General Supporting Statement

_____ Elevation Drawings and Site Plan

_____ Color and Material Samples

_____ Photos of Existing Conditions

_____ List of Abutting Property Owners

The information contained in this application, together with attachments, is true and correct to the best of my knowledge. I further acknowledge that I have familiarized myself with all applicable sections of the St. Clairsville Codified Ordinances and will comply with all applicable regulations.

Owner Signature: _____ Date: _____

Applicant Signature: _____ Date: _____