

## City of St. Clairsville Historic Downtown District

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

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1. Property Location \_\_\_\_\_  
Present Use \_\_\_\_\_  
Proposed Use \_\_\_\_\_

2. Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Bus. Phone \_\_\_\_\_

Owner \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Bus. Phone \_\_\_\_\_

Architect \_\_\_\_\_  
Address \_\_\_\_\_  
Bus. Phone \_\_\_\_\_

Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
Bus. Phone \_\_\_\_\_

3. Project Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Approximate Cost \_\_\_\_\_

5. 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

(See reverse side of this application form  
for descriptions of the items listed above.)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date