

APPLICATION FOR HOME OCCUPATION

City of St. Clairsville
PO Box 537
100 North Market Street
St. Clairsville, OH 43950
(O) 740-695-1953 (F) 740-695-4069
Email: tmurphy@stclairsville.com

Date: _____ Application #: _____

Address of Home Occupation _____

Mailing Address (if P.O. Box) _____

Business Phone: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Business Name of Home Occupation: _____

Description of Home Occupation (see attachment): _____

Square Footage of Home Occupation: _____

Total Square Footage of Residence: _____

Type of Home Occupation: Administrative: _____ Conditional Use: _____

I hereby certify that the documentation submitted for review and consideration to the City of St. Clairsville is accurate and my Home Occupation will be operated according to this submission and the Code of the City of St. Clairsville regarding Home Occupations. I understand that if I submit an incomplete application this may result in the delay of approval or rejection. I also certify that I have reviewed the Home Occupation Code of the City and will operate only within the guidelines I have been approved to operate under. The signatures below are authorized.

Property Owner's Signature Date Business Owner's Signature Date

FOR OFFICE USE ONLY BELOW

Approval Date Signature of City Official Permit No.

HOME OCCUPATION
APPLICATION SUBMITTAL CHECKLIST

The following information must be submitted in order to receive a Home Occupation Permit (Zoning Permit) in the City of St. Clairsville. Incomplete, inadequate or late submittals will result in delay or rejection of the request to operate a Home Occupation. Please contact staff with questions regarding submittal requirements.

1. Application for Home Occupation
2. Application for Zoning Compliance
3. Application for Conditional Use (if required)
4. Attach description of the Home Occupation detailing how it meets City Code.
5. Deed to the property.
6. Appropriate Fee.
7. Plot Plan if required.
8. Proof of Residency at the address of the Home Occupation.

