

**Certificate of Zoning Compliance -
Zoning Permit Application**
City of St. Clairsville, Ohio
 Tom Murphy, PO Box 537
 100 North Market Street
 St. Clairsville, OH 43950
 740.695.1953 - tmurphy@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 Construction 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 _____

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

Approved _____

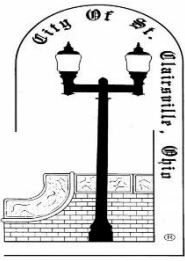
Permit Number _____

Denied _____

Reason for Denial _____

Staff Signature

Date



**Certificate of Zoning Compliance –
Utility Attachment Form
City of St. Clairsville, Ohio
Tom Murphy, P.O. Box 537
100 N. Market Street
St. Clairsville, OH 43950
740.695.1953 - tmurphy@stclairsville.com**

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

A. ADDRESS/LOT NUMBER OR PARCEL NUMBER OF PROPERTY _____

B. FOR STRUCTURE(S) ON PROPERTY LISTED ABOVE: Attach a drawing showing the existing structure, proposed structure or proposed improvement. It is the applicant’s responsibility to determine property ownership or control and, if new utilities are proposed, that the grades will permit access to the City’s sanitary or storm sewers.

C. If a water, wastewater, storm water or electric connection/service is sought, attach elevation information for both the municipal utility and the lowest elevation of structure to be served. In cases of minimal grade differences between the structure and the municipal utility, the applicant shall pay the City its cost of exposing the main line for purposes of elevation determination.

D. Applicant shall circle utility services sought: Electric Storm Water Water Wastewater

All requests for new or additional utility service must have the respective departmental superintendent(s) or appointed representative(s) signature on this utility attachment, evidencing that new, additional, or upgraded municipal utility service is readily and conveniently available to the property and structures as set forth in the permit.

It is the applicant’s responsibility to design, construct and pay for any extensions of the municipal system that may be required to reach the property and structure(s) subject to this permit application.

_____ Applicant’s Signature

By signing below, each superintendent or representative hereby states that the utility service from his/her department is either available or will not be effected at the address or property described above based upon the information available from municipal records and the elevation information provided by the applicant of this permit:

For Electric Service: _____ Signature _____ Date

For Storm Water Connection: _____ Signature _____ Date

For Water Service: _____ Signature _____ Date

For Wastewater Service: _____ Signature _____ Date