



City of St. Clairsville

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For Staff Use Only	
Date: _____	Permit Number: _____
Signature of City Official: _____	

APPLICATION FOR HOME OCCUPATION

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

HOME OCCUPATION APPLICATION SUBMITTAL CHECKLIST

The following information must be submitted 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:

- Application for Home Occupation**
- Application for Zoning Compliance**
- Application for Conditional Use (if required)**
- Attach description of the Home Occupation detailing how it meets City Code.**
- Deed to the property.**
- Appropriate Fee.**
- Plot Plan if required.**
- Proof of Residency at the address of the Home Occupation.**

