

City of St. Clairsville

Tom Murphy, AICP, Planning and Zoning Administrator

P.O. Box 537-100 North Market Street, St. Clairsville, OH 43950

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Application for a Conditional Use Permit

Project Name _____

Project Location _____

Lot Number(s) _____

Existing Zoning _____

Description of Proposed Conditional Use: _____

List Related Applications: _____

Applicant: _____

Address _____ City _____ State _____ Zip _____

Contact Phone # _____ Email _____

Owner(s): _____

Address _____

Address _____ City _____ State _____ Zip _____

Contact Phone # _____ Email _____

Applicant hereby certifies that all the above statements and representations are true and accurate to the best of his/her knowledge.

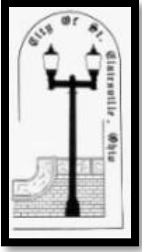
_____ Date: _____

Applicant

Conditional Use Application Number _____ Date _____

Fee: \$ _____

Planning and Zoning Administrator



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Conditional Use Permit Checklist:

This list is provided to assist the applicant in preparing a complete and sufficient application for review.

- Original Signed Application form
- Zoning Compliance Form
- Copy of Deed
- \$100 Application Fee
- Copy of Legal Description
- Statement and site plan explaining how the specific conditions for the specific use will be met
- Site Plan showing:
 - Location of all Buildings
 - Location of all parking and loading areas
 - Location of all open spaces
 - Boundaries and dimensions of the lot and the size and location of all proposed and existing structures
 - Proposed use of all parts of the lot and structures
 - Existing and proposed utilities
 - Lighting and illumination
 - Landscaping
 - Location and size of signs
 - Location of all refuse and service areas
- Building Elevations (must include the following information)
 - Proposed exterior material and color
 - Height of proposed buildings
 - Size, location and height of screens and equipment, including wall, ground and roof mounted mechanical (Photographs may be substituted for existing buildings)