



City of St. Clairsville
 Tom Murphy, AICP
 Planning and Zoning Administrator
 P.O. Box 537-100 North Market Street
 St. Clairsville, OH 43950
 Office: 740.695.1953
 Fax: 740.695.4069
 tmurphy@stclairsville.com

For Staff Use Only	
Application Number: _____	
Fee Paid: _____	Date: _____
Planning and Zoning Administrator: _____	

Application for a Determination of a Substantially Similar Use

Project Name _____

Project Location _____

Gross Acres _____ Existing Zoning _____

Description of proposed Similar Use: _____

List Related Applications: _____

<p>Applicant: _____</p> <p>Address _____ City _____ State _____ Zip _____</p> <p>Phone _____</p>

<p>Owner(s): _____</p> <p>Address _____ City _____ State _____ Zip _____</p> <p>Phone _____</p>
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Applicant hereby certifies that all the above statements and representations are true and accurate to the best of his/her knowledge.

Date _____ Signed _____
Applicant

City of St. Clairsville, Ohio
Items Needed for a Substantially Similar Use Application

1. Application for Zoning Compliance
2. Application for Determination of a Substantially Similar Use
3. Letter to the Board of Zoning Appeals stating and justifying why you feel your proposed use is substantially similar to the permitted land uses in the relevant zoning district
4. Deed to the property so that the City can establish a legal description for the newspaper
5. Site Plan
6. \$100.00 Fee

A meeting date is established at the need of an applicant. You or a representative must be present at the public hearing.

Return all application information to the Planning and Zoning Administrator.