

# 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

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## Variance Application

Project Name \_\_\_\_\_

Project Location \_\_\_\_\_

Existing Zoning \_\_\_\_\_

Description of Proposed Variance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List Related Applications: \_\_\_\_\_

Applicant: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Email \_\_\_\_\_

Owner(s): \_\_\_\_\_

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

\_\_\_\_\_

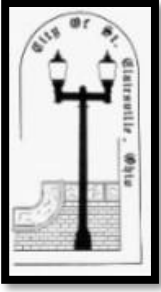
Variance Application Number \_\_\_\_\_

Date \_\_\_\_\_

Fee: \$ \_\_\_\_\_

\_\_\_\_\_

Planning and Zoning Administrator



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## **Items Required for a Variance**

- 1. Application for Zoning Compliance/Sign Permit Application**
- 2. Application for Variance**
- 3. Letter to Board of Zoning Appeals stating nature of the request.**
- 4. Deed to the property so that we may publish the property's legal description in the newspaper's legal ads.**
- 5. \$300.00 fee**
- 6. Plot Plan**

**A meeting will be scheduled at the need of a request. You or a representative must be present for your request to be heard.**