

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

Email: tmurphy@stclairsville.com

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: _____

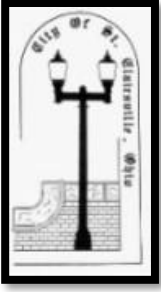
Applicant

Variance Application Number _____

Date _____

Fee: \$ _____

Planning and Zoning Administrator



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Items Required for a Variance

- 1. Application for Zoning Compliance/Sign Variance**
- 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.