



**City of St. Clairsville**  
 Tom Murphy, AICP  
 Planning & Zoning Administrator  
 P.O. Box 537-100 N Market St.  
 St. Clairsville, OH 43950  
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Administrative Use Only	
Application Number: _____	
Signature of City Official _____	Date _____
Permit Number: _____	Fee Paid: \$ _____

**Application for a Determination of a Substantially Similar Use**

**Project Name:** \_\_\_\_\_ **Project Location:** \_\_\_\_\_ **Existing Zoning** \_\_\_\_\_

**Description of Proposed Substantially Similar Use:**

\_\_\_\_\_

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

**Applicant Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

\_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Owner(s) Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

\_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

*The applicant hereby affirms that all statements and representations provided above are true and accurate to the best of his or her knowledge.*

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

**Items Needed for a Substantially Similar Use Application**

- Application for Zoning Compliance
- Application for Determination of a Substantially Similar Use
- 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.
- Deed to the property so that the City can establish a legal description for the newspaper.
- Site Plan
- \$100.00 Fee

A public hearing may be scheduled at the request of the applicant. The applicant, or their designated representative, is required to attend the hearing.

All application materials must be submitted to the Planning and Zoning Administrator.