City of St. Clairsville

Certificate of Zoning Compliance – Zoning Permit Application

Tom Murphy, AICP
Planning & Zoning Administrator
P.O. Box 537 - 100 N. Market St.
St. Clairsville, OH 43950
740-695-1953 ext. 1002 – tmurphy@stclairsville.com

Submission of this application does not ensure approval. The City may review it with other departments to check for conflicts with public infrastructure. Additional information may be needed. The applicant certifies that all information is true and correct.

1. Applicant Name: _____
2. Property Address: _____
3. Name & Address of Property Owner: _____

   Phone Number: _____ Email: _____
4. Name & Address of Contractor/Business Owner: _____

   _____

   Phone Number: _____ Email: _____
5. Existing Use of Property: _____
6. Proposed Use of Property: ☐ Same ☐ Other *(Describe the proposed project)*: _____

   _____
7. Number of Off-Street Parking Provided: Number of Loading Berths: _____

NEW CONSTRUCTION, ALTERATION, ADDITION, ETC.

8. **Type of Improvement**: ☐ New Building ☐ Addition ☐ Alteration
9. **Existing Lot Size**: Width(ft) _____ x Depth(ft) _____ = Lot Area sq ft. _____
10. **Principal Building *(Existing Structure):*** Width(ft) _____ x Depth(ft) _____ = sq ft. _____

    Setbacks: Front _____ ft Rear _____ ft Side _____ ft Side _____ ft Height/Stories _____
11. **Acc. Structure *(garage, pool, shed, etc.):*** Width(ft) _____ x Depth(ft) _____ sq.ft. _____

    Setbacks: Front _____ ft Rear _____ ft Side _____ ft Side _____ ft Height/Stories _____
12. **Proposed Construction:** Width(ft) _____ x Depth(ft) _____ = sq ft. _____

    Setbacks: Front _____ ft Rear _____ ft Side _____ ft Side _____ ft Height/Stories _____

I hereby certify that the information provided in this application is true and correct to the best of my knowledge. I understand that this application will be reviewed for compliance with the City of St. Clairsville's Planning and Zoning Codes and may be reviewed by other City departments to ensure that no utilities, streets, sewers, or other public infrastructure are impacted.

Applicant Signature _____ Date _____

Plot Plan (when required)- ***The Planning and Zoning Administrator establishes the specifications in accordance with the provisions of the Planning and Zoning Code.***

The purpose of a Plot Plan is to provide sufficient information necessary for the Planning and Zoning Administrator to evaluate and determine compliance with zoning requirements. A Plot Plan is required to be submitted with each set of building plans at the time the permit application is submitted. One copy of the Plot Plan, on 8.5" x 11" paper or in digital format, must include the information listed below (if unable, please get in touch with PZA).

1. Scale – Draw your property to scale (for example, 1 inch on paper = 20 feet in real life).

2. Entire Property – Show the whole lot that you own.

3. North Arrow – Mark which way is North.

4. Property Lines – Write in the length of each property line.

5. Current Buildings – Show every building or structure already on the property (house, garage, porch, stoop, chimney, etc.) and how far each one is from the property lines.

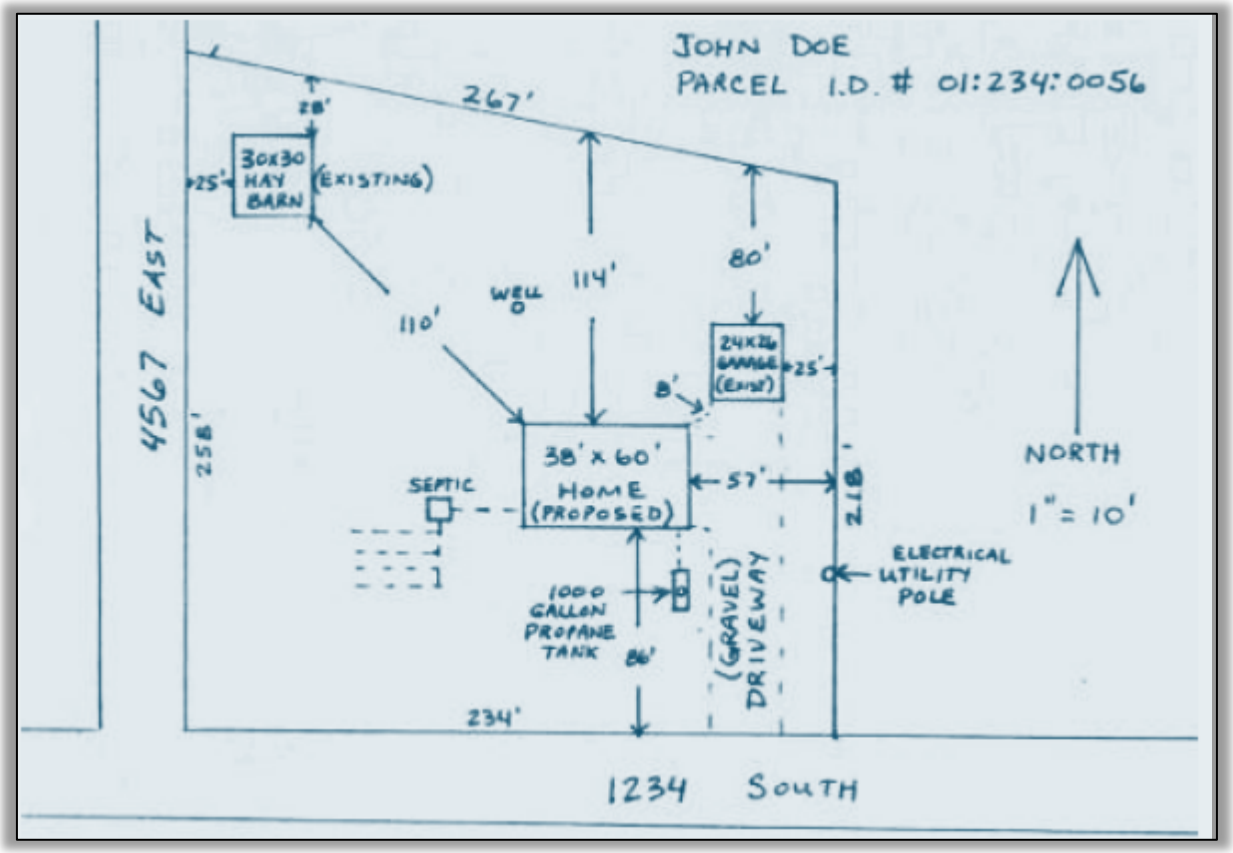
6. Street Names & Address – Label all streets, alleys, or lanes that touch your property, and include your street address.

7. New Work – Show where you plan to put any new construction (porch, addition, garage, etc.) and its size.

8. Parking – Mark any parking spaces and show how far they are from buildings.

9. Driveways – Draw in your driveway(s) and any curb cuts (where the driveway meets the street).

Plot Plan Example



For Office Use Only – Planning & Zoning Administrator

PRESENT ZONING OF PROPERTY: _____

PARKING (ENTER NUMBER)*:*

Off-Street Spaces Provided ____ Off-Street Spaces Required ____

Continuation of Non-Conforming Off-Street Spaces ____ Spaces Required by Previous Use ____

IS PROPERTY LOCATED IN A FLOOD PLAIN

☐ Yes ☐ No

DETERMINATION:

☐ Proposed Use is Permitted ☐ Proposed Use is Not Permitted

☐ Proposed Use is a Continuation/Renewal of a Non-Conforming Use

REQUIRES BOARD OF ZONING APPEALS (BZA) ACTION:

☐ Requires a Variance (*reason*):

_____

☐ Requires a Conditional Use/Special Exception Permit (*reason):*

_____

☐ Requires Other Action by the BZA or Other City Board/Commission (*reason*):

_____

This application for a Certificate of Zoning Compliance/Zoning Permit has been:

☐ Approved/Permit Number _____

☐ Denied/Reason for Denial: _____

_____ _____

Planning & Zoning Administrator Signature Date

Tom Murphy, AICP,
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tmurphy@stclairsville.com

Applicant Certification and Utility Service Verification

1 **Applicant Certification**

The undersigned applicant hereby certifies that all information provided on this application and within any attachments is true, accurate, and complete to the best of their knowledge and belief. The applicant acknowledges that any misrepresentation or omission may result in the denial or revocation of this permit.

2 **Property Information**

Address & Lot Number or Parcel Number:

_____

3 **Structure or Improvement Information**

For any existing or proposed structure(s) or improvement(s) on the property identified above:
The applicant must attach a drawing showing the location and dimensions of all relevant features.
It is the applicant's responsibility to verify property ownership or control and to ensure that proposed grades and elevations will allow for proper access to the City's sanitary and/or storm sewer systems, if applicable.

4 **Utility Connection Requirements**

If new or modified connections or services are requested for water, wastewater, storm water, or electric, the applicant ***must provide elevation data for both the municipal utility and the lowest elevation of the structure to be served.***
Where grade differences are minimal, the applicant shall be responsible for all City costs associated with exposing the main line to determine elevation.

5 **Utility Service Requests**

Select all applicable utility services requested:

☐ Electric ☐ Stormwater ☐ Water ☐ Wastewater

All requests for new, additional, or upgraded municipal utility services must be reviewed and approved by the respective departmental superintendent(s) or their authorized representative(s). Signatures below indicate that the requested service is either available or that the proposed work **will not** adversely affect existing municipal utilities, based on current City records and information provided by the applicant.

It is the applicant's responsibility to design, construct, and bear all costs associated with any required extensions of the municipal utility systems necessary to serve the subject property or structure(s).

Applicant Signature: _____ Date: _____

Departmental Disclaimer: ***By signing below, the undersigned superintendent or authorized representative certifies that, based on available municipal records and current information, the proposed project does not conflict with existing utility infrastructure and that service availability has been reviewed for feasibility. This verification does not constitute engineering approval or guarantee of service capacity.***		
Electric Service Supervisor	Signature	Date
Stormwater Service Supervisor	Signature	Date
Water Service Supervisor	Signature	Date
Wastewater Service Supervisor	Signature	Date