CITY OF ST. MARYS, GEORGIA
Certificate of Appropriateness
Community Development Department
418 Osborne Street - (912) 510-4032

Please take care to ensure that the information for each checkbox below is sufficiently provided. The City of St Marys does not accept incomplete applications. Applications must be submitted to the Community Development Department no later than 15 days prior to the regularly scheduled meeting of the historic preservation commission.

☐ Completed Application

☐ Site Plan /Survey/Lot inspection with clearly marked property lines and setbacks.

☐ Proof of ownership of property OR legal authorization from owner

☐ Drawings/photographs of proposed changes and area of the property/structure

☐ List of proposed materials (it is recommended you provide sample materials)

☐ List of Adjacent Property Owners (this information can be found on the Camden County Tax Assessor’s Website)

☐ Vicinity map/aerial map

☐ Letters of approval for any existing Variances, Special Use Permits, or Rezone (text amendment) requests or Certificates of Appropriateness.

☐ Other Attachments: ________________________________

If you have any questions or concerns, or would like to schedule a meeting, please contact Community Development at 912-510-4032 or email planneroftheday@stmarysga.gov
Property Owner’s Authorization Letter

I (we): ________________________________________________________________

Hereby Authorize: _______________________________________________________

Representative of: _______________________________________________________

To apply for, sign, and pick-up building permits for the following proposed work:

________________________________________________________________________

Job Location: ___________________________________________________________

As property owner(s), I (we) hereby grant permission to the applicant referenced above to apply for, sign, and pick-up the permit for the work as indicated above. All work performed must meet all provisions of The City of St. Marys Building and Zoning Codes and the Laws of the State of Georgia, as applicable, whether specified or not. Contractors are required to have a Georgia Professional Contractors License.

________________________________________________  _____________________
(Property Owner or Person with Power of Attorney Signature)  (Date)

____________________________________________________________________________
(Printed Name)  (Title)
1. Name of Applicant: ___________________________________________________ Date: ____________________

You or your representative must be present at the meeting of the Commission to answer questions that may arise. You will be notified of the time, date, and location of the meeting.

Mailing Address: _____________________________________________________ Zip Code: _____________________

Daytime Telephone: ________________________________________________________________________________

E-mail Address:____________________________________________________________________________________

Relationship of Applicant to Property: ( ) Owner ( ) Architect ( ) Contractor ( ) Other: _______________________

2. Address and Legal Description of Property:  __________________________________________________________

Tax Parcel Number: _____________________ Year Built:  ______________Flood Zone Designation _______________

Historic Designation: ( ) Historic (more than 50 years old and contributing) ( ) Historic-obscured (50 years old but not contributing) ( ) Non-historic (less than 50 years old, yet not detracting) ( ) Intrusions (any aged structure which detracts) ( ) Vacant Lot

3. Proposed Work: (please check all that apply)

( ) New Construction          ( ) New Signage
( ) Demolition            ( ) Parking Lot, Driveway, or Walkway
( ) Relocation            ( ) Outbuilding or Accessory Structure
( ) Excavation            ( ) Lighting Fixtures
( ) Fencing or landscaping    ( ) Other________________________________________
( ) Reconstruction or alteration of the size, shape or façade of an existing structure.
( ) A change in the location or extent of signage.
( ) The application of paint, varnish, stain, siding, or other coating to an existing structure visually different from the type presently in use. **Color changes need not be approved.**
( ) Removal of a tree 10+ inches in diameter measured 24 inches above the ground.
( ) Changes to topography of a property.

Please describe your proposed work as simply and accurately as possible. Be sure to indicate materials to be used, it is recommended you provide material samples. Accurate to-scale drawings and photographs are required and to be attached. A location map is required and site plan/survey may be required by staff.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

IMPORTANT: This form must be completed before the St. Marys Historic Preservation Commission can consider approval of any change affecting the appearance of any building or property within the Historic District. This form, along with supporting documents, must be filed with the Community Development Department, 418 Osborne Street, at least 15 days prior to the regularly scheduled commission meeting. The Historic Preservation Commission meets the fourth Tuesday of each month at 5:30 PM in Council Chambers, City Hall, unless otherwise advertised.

CERTIFICATE OF APPROPRIATENESS: All work is required to adhere to the requirements as stated on the approved COA, any work initiated without a COA or outside the approved COA will be halted by a stop work order. A COA shall become void unless construction is commenced within six months of the date of issuance. One 6 month extension may be considered by the commission when a delay has occurred. COAs are issued for a period of 18 months and are renewable upon written request at least 30 days in advance of the 18 month period. By initialing here the Applicant acknowledges they have read, understand, and will comply with these requirements: ________
All applicable items from the attached checklist must be addressed, the Community Development Department or Historic Preservation Commission may require additional information beyond what is indicated on the checklist. Incomplete applications will not be accepted or consideration by the commission. It is recommended you meet with a staff member prior to submitting your application. Projects cannot begin until a COA has been approved and all appropriate permits (building, sign, etc.) have been obtained. Please note that it is the owner/agent’s responsibility to notify staff of any potential changes from the approved COA which arise during construction. If diversions from the approved COA are planned, the owner/agent must obtain board or staff approval prior to initiating changes.

For additional help or information, contact the Community Development Department at (912) 510-4025.

By signing this application below, I acknowledge that I have thoroughly read and understand the requirements of the COA and agree to execute the proposed work as approved by the commission. I further acknowledge the COA will become void if work is not begun within the required time.

SIGNATURE OF APPLICANT: ______________________________________________________________________

Certificate of Appropriateness: ( ) Approved ( ) Denied
Review of Material Change: ( ) Recommended ( ) Not Recommended
Commission Comments: ______________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

CITY OF ST. MARYS, GEORGIA
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS
& MATERIAL CHANGES TO EXTERIOR FEATURES
St. Marys Historic Preservation Commission
Community Development Department
418 Osborne Street—(912) 510-4032

CITY OF ST. MARYS
CERTIFICATE OF APPROPRIATENESS
St. Marys Historic Preservation Commission

A Certificate of Appropriateness is hereby issued to: ________________________________________________
For the following actions: ______________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
at ____________________________________________________________________________________________
provided the following conditions are met: __________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

SIGNATURE: _________________________________________________________________________________
Chairperson, Historic Preservation Commission

DATE: _________________________________________________________________________________________
Proposed Project Narrative

Please list any relevant details about the proposed project for which the application is being submitted.