



CITY OF ST. MARYS

Certificate of Appropriateness

Community Development Department

418 Osborne Street St Marys GA 31558

(912) 510-4032

LAYING HEN APPLICATION

The applicant is encouraged to meet with Staff before submittal to ensure that the application is complete. **The City of St. Marys does not accept incomplete applications. The application fee is \$10.00.**

Completed application

Hens are allowed only in the R-1 zoning district and nor roosters are allowed.

Location of hens enclosure and that it adheres to the setbacks for the R-1 zoning district.

Proof of payment

Proof of ownership of property or proof of legal authorization from owner



CITY OF ST MARYS, GEORGIA

PERMIT FOR LAYING HENS
COMMUNITY DEVELOPMENT DEPARTMENT

418 OSBORNE STREET ST MARYS GA

(912) 510-4032

On May 14, 2011, the City of St. Marys amended the R-1, single– family residential, (A) uses permitted, (4)of the code of ordinances, City of St. Marys, Georgia to allow for laying hens to be kept, but excluded roosters or other fowl, as a permitted use with the following requirements.

1. No roosters or other fowl permitted
2. A maximum of five (5) laying hen chickens
3. Laying hen chickens, and their enclosures must be kept neat, clean, and sanitary condition and be well maintained and free from offensive odors, excessive noise or any other condition that would a constitute a nuisance. Enclosures must be attractive and well-maintained.
4. Any citizen proposing to have laying hen chickens shall complete an application through the planning and building department and submit the following documents to indicate compliance with the minimum requirements as noted above.

A.) sketch plan showing location of the coop and enclosure. All distances between the proposed coop and /or enclosure and the adjacent property lines shall be clearly shown. These dimensions shall be field by the building department.

PLEASE NOTE A CHANGE OF OWENRSHIP OF THE PROPERTY SHALL REQUIRE A BEW APPLICATION FOR APPROVAL.

TO BE COMPLETED BY THE APPLICANT:

NAME OF APPLICANT: _____

ADDDRESS: _____ EMAIL: _____

PHONE: _____ PARCEL NUMBER: _____ ZONING: _____

I,THE APPLICANT,UNDERSTAND AND WILL COMPLY WITH THE ABOVE REQUIREMENTS.

SIGNATURE OF APPLI-
CANT: _____ DATE: _____

TO BE COMPLETED BY THE COMMUNITY DEVELOPEMTN DEPARTMENT:

DATE COMPLETE APPLICATION WAS
FILED: _____

DATE OF INSPECTION: _____ INSPECTION AP-
PROVED: _____ INSPECTOR: _____

\$10 PERMIT FEE PAID BY: () CASH () CREDIT CARD () CHECK (LIST CHECK NO.-
_____)