



CITY OF ST. MARYS

**Community Development Department
418 Osborne Street St Marys GA 31558
(912) 510-4032**

Non Planned Development Rezone or Text Amendment Packet

Staff encourages the applicant to meet prior to submittal to ensure that you have a complete application. **The City of St. Marys does not accept incomplete applications.** The application must be submitted no less than 32 days prior to the next regularly scheduled meeting of the Planning Commission.

- Completed Application
- Plat or Survey
- Site Development Plan (if applicable)
- Illustration (s) of proposed sign (includes dimensions, materials, color and location)
- Proof of ownership of property OR a signed owner authorization form.
- List of Adjacent Property Owners (this information can be found on the Camden County Tax Assessor's Office website)
- Letters of approval for any existing Variances, Special Use Permits, or Rezone (text amendment) requests.
- A Site Development Plan prepared by a registered surveyor, professional engineer, architect or registered landscape architect containing information as set forth in Sec. 110-184;
- 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



CITY OF ST. MARYS
418 OSBORNE STREET
ST. MARYS, GEORGIA 31558
COMMUNITY DEPARTMENT: 912-510-4032

Community Development Department Fee Schedule

All fees are subject to change by City Council

Rezoning

<u>Lot Size</u>	<u>Commercial</u>	<u>Residential</u>
0-19,999 SF	\$225.00	\$200.00
20K-49,999 SF	\$275.00	\$225.00
50K-74,999 SF	\$300.00	\$275.00
75K-99,999 SF	\$350.00	\$300.00
100K-149,999 SF	\$450.00	\$350.00
150K-199,999 SF	\$500.00	\$400.00
200K-299,999 SF	\$750.00	\$500.00



CITY OF ST. MARYS
 418 OSBORNE STREET
 ST. MARYS, GEORGIA 31558
 TELEPHONE: 912-510-4032
 Fax: 912-510-4014
planneroftheday@stmarysga.gov

To Whom It May Concern,

I, _____, do authorize the City of St. Marys to debit my credit/debit card for a onetime payment in the amount of \$ _____; for the sole purpose of _____.

 Signature of Card Holder

REQUEST FOR CREDIT CARD PAYMENT

DATE: _____ Business License

Project Number: _____ Other

Total: \$ _____ + \$3.00 = Amount to be charged to Card \$ _____

Please note there will be a \$3.00 processing fee charged to your credit card

CREDIT OR DEBIT CARD INFORMATION

CARD: VISA MASTERCARD AMERICAN EXPRESS DISCOVER (Please Circle One)

CARD #: _____

EXPIRATION: _____

PRINT NAME AS SHOWN ON CARD: _____

***SIGNATURE OF CARD HOLDER: _____

ALL INFORMATION WILL BE SHREDDED IMMEDIATELY AFTER AN APPROVAL CODE IS OBTAINED FOR THIS TRANSACTION.



CITY OF ST. MARYS
418 OSBORNE STREET
ST. MARYS, GEORGIA 31558
COMMUNITY DEVELOPMENT: 912-510-4032

Property Owner's Authorization Letter

I (we): _____

Hereby Authorize: _____

Representative of: _____

To apply for a sign, rezone, special use permit, subdivision, and 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 a sign permit, rezone, special use permit, subdivision, building, 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.

Signed: _____ Date: _____

Printed Name: _____ Date _____

Notary Date _____



CITY OF ST. MARYS

APPLICATION FOR REZONE OR TEXT

AMENDMENT

**Community Development Department
418 Osborne Street St Marys GA 31558c
(912) 510-4032**

1. Applicant (Your Name): _____ Daytime Phone: _____ Email: _____
Mailing Address: _____ Zip: _____
2. Location of Property forming the basis for this text amendment: _____
Street _____ Tax Map and Parcel Number: _____
3. Is this rezoning due to an annexation? ___ YES ___ NO
4. Total Parcel Area (indicate square feet or acres): _____
5. Present Zoning: _____ Abutting zones (list all zoning designations that touch the parcel): _____
6. Proposed Zoning: _____
6. Character Area Designation _____
7. Are any special use(s), variance(s), covenant(s), or prior rezoning(s) present on the parcel?
___ YES ___ NO If 'YES', list ALL and date: _____
8. Reasons for the zoning amendment request: _____

9. Do you have legal possession of the parcel(s) proposed for this zoning text amendment? ___ YES ___ NO
(If 'NO' then this application cannot be processed until an application is received for all parcels intended to be affected by the text amendment and legal authorization provided.)
10. Owner's Name (If different from Applicant*): _____
Address: _____ Zip: _____ Daytime Phone: _____
(*If applicant is different from Owner, a legal authorization to represent the Owner must be attached to this application.)

I understand that the City of St. Marys will not process this application until I have submitted **ALL** required documents, which shall be **no less than 32 days prior to the regularly scheduled and advertised monthly meeting of the Planning Commission**. The Planning Commission meets on the 3rd Tuesday of every month at 5:30 PM in Council Chambers, City Hall. The recommendation of the Planning Commission is forwarded to City Council for their review at the next regularly scheduled Council meeting.

Signed: _____ Date: _____

Printed Name: _____ Date _____

Date _____

Notary