



City of St. Marys
Community Development

418 Osborne Street
St. Marys, Georgia 31558
(912) 510-4032

Documents Required for a Rezoning Application

Please take care to ensure that all information is provided as required. The city will not accept incomplete applications.

_____ Application

_____ Site Development Plan (prepared by a surveyor)

_____ Deed (with legal description) for the property

_____ Proof of Ownership or Letter of Authorization

_____ Other Attachments _____



Rezoning Application

Section A

Applicant Name _____

Applicant Type _____ Property Owner _____ Contractor _____ Authorized Agent _____ Other _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone Number _____

Email Address _____

Section B

Property Address _____

Tax Parcel # _____

Property Size _____ Acres

Current Zoning _____ Proposed Zoning _____

Purpose _____

Section C

I hereby declare under penalty of perjury that I am authorized to make this application and that the information contained herein is true and accurate.

Executed on _____ in _____ (city, state).

Signature of Authorized Officer or Agent _____

Printed Name and Title of Authorized Officer or Agent _____

SUBSCRIBED AND SWORN BEFORE ME

On this _____ day of _____, 20 _____

Notary Public Signature _____

My Commission _____

Expires: _____



Authorization Letter

The undersigned (as listed in Section A) hereby states that they are the legal property owner(s) of the following described land, located in Camden County, Georgia. The undersigned also states that they have authorized the below names person(s) (as listed in Section B) to apply for a permit or make an application before the City of St. Marys for the purpose(s) listed below.

Section A Owner's Information

Owner's Name _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone Number _____

Email Address _____

Section B Property Information/Agent

Property Address _____

Parcel ID _____

Purpose of
Permission _____

Authorized Agent _____

Section C Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ in _____ (city, state).

Signature of Authorized Officer or Agent _____

Printed Name and Title of Authorized Officer or Agent _____

SUBSCRIBED AND SWORN BEFORE ME

On this _____ day of _____, 20_____

Notary Public Signature

My Commission Expires: _____



Credit Card Authorization

To Whom it May Concern,

I, _____, do authorize the City of St. Marys to debit my credit/debit card for payment of

_____ fee(s) using the following information.

Signature of Card Holder

Request for Credit Card Payment

Today's Date _____ Reference Number _____

Fee Amount \$ _____ + \$3.00 Processing Fee = Total Charged to Card \$ _____

Credit/Debit Card Information

Card Type _____ VISA _____ MasterCard _____ Discover _____ American Express

Credit Card Number _____

Expiration Date on Credit Card _____

Name as shown on Credit Card _____

Signature of Card Holder _____