



CITY OF ST. MARYS, GEORGIA

SP

SPECIAL USE PERMIT APPLICATION

Community Development Department
418 Osborne Street - (912) 510-4032

THIS APPLICATION MUST BE FILED WITH THE COMMUNITY DEVELOPMENT DEPARTMENT 30 DAYS BEFORE THE PLANNING COMMISSION MEETING AT WHICH IT WILL BE HEARD. THE ST. MARYS PLANNING COMMISSION WILL HOLD AT LEAST ONE PUBLIC HEARING AND MAKE A RECOMMENDATION ABOUT YOUR REQUEST WITHIN 45 DAYS OF THE DATE YOU FILE A COMPLETE APPLICATION. THE CITY COUNCIL WILL THEN ISSURE OR DENY THE PERMIT. YOU ARE ENCOURAGED TO READ SECTION 110-145 OF THE ZONING ORDINANCE REGARDING SPECIAL USE PERMITS.

TO BE COMPLETED BY THE APPLICANT

1. YOUR NAME _____ PHONE NUMBER _____
ADDRESS _____
2. THE PLANNING DIRECTOR INFORMED ME THAT A SPECIAL USE PERMIT IS REQUIRED AT THE TIME I APPLIED FOR: CHECK ONE () BUILDING PERMIT () A ZONING AMENDMENT (REZONING)
3. STREET ADDRESS _____
PARCEL NO. _____ Lot No. _____ ZONING MAP NO. _____
4. PRESENT ZONING _____
5. OWNER OF PROPERTY, IF NOT YOU: NAME _____
ADDRESS _____ PHONE _____
6. PROPOSED USE OF PROPERTY _____
7. PLEASE ATTACH A SIMPLE MAP SHOWS THE NAMES OF ALL ADJACENT PROPERTY OWNERS AND THE TYPES OF EXISTING LAND USES WITHIN 300 FEET OF YOUR PROPERTY.

SIGNATURE

DATE

TO BE COMPLETED BY THE COMMUNITY DEVELOPMENT DIRECTOR/ASST. DIRECTOR

1. HAS THE CORRECT FEE BEEN PAID? () YES () NO AMOUNT \$ _____
2. DATE COMPLETE APPLICATION WAS FILED: _____
3. LIST ATTACHMENTS:
() SIMPLE MAP WITH ADJACENT PROPERTY OWNERS' NAMES AND EXISTING USES
() SITE PLAN
4. PUBLIC HEARING
DATE APPLICANT WAS NOTIFIED: _____
DATE HEARING WAS ADVERTISED: _____
DATE HEARING WAS HELD: _____
5. PLANNING COMMISSION RECOMMENDED: () APPROVAL () DENIAL
CONDITIONS OF APPROVAL OR REASONS FOR DENIAL: _____
6. CITY COUNCIL: () APPROVAL () DENIAL
CONDITIONS OF APPROVAL OR REASONS FOR DENIAL: _____
7. DATE APPLICANT WAS NOTIFIED OF FINAL ACTION: _____