



**CITY OF ST. MARYS**  
**Community Development Department**  
**418 Osborne Street St Marys GA 31558**  
**(912) 510-4032**

## **Temporary Use Permit**

**Circus, Religious, Tree Sales ect**

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 will be processed within 30 business days of the receipt of a completed application and all required documents.

- Completed Application
- Location Map
- Proof of ownership of property OR legal authorization from owner
- Written Report Indicating Potential Problems AND Parking Availability
- Liability insurance (if Carnival)
- Proof of Equipment Inspections (if Carnival)
- Bond
- 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](mailto:planneroftheday@stmarysga.gov)



**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.

\_\_\_\_\_  
(Property Owner or Person with Power of Attorney Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)



# CITY OF ST. MARYS, GEORGIA

## TEMPORARY PERMIT APPLICATION

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

# TP

### Zoning Ordinance 110-144

Applicant Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Applicant Signature: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**PERMIT REQUESTED:**

1. ( ) Carnival or Circus. Maximum of 3 weeks with liability insurance and equipment inspections supplied to the Planning Director.
2. ( ) Religious Meeting. Only in approved open area for a maximum of 40 days.
3. ( ) Christmas Tree sale lot. Only in an approved area not to exceed 45 days.
4. ( ) Contractor's Office or Equipment Shed. Maximum of 12 months and must be placed on the property to which it is appurtenant.
5. ( ) Other, all require City Council approval.

**All temporary permit applications must be filed with the Community Development Department a minimum of 14 days prior to the event. No event issued a temporary permit may adversely affect traffic or surrounding areas and will not constitute a threat to public health or safety. Permits requiring City Council approval may take up to 30 days to receive approval.**

Event location: \_\_\_\_\_  
Location Owner: \_\_\_\_\_  
Owner Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**(Attach a site plan showing surrounding properties, potential problems and parking availability. Attach a letter from owner granting permission to use site location.)**

I understand that I and/or my group carry the burden of providing the need for this permit. Further, I/we are responsible for the condition of the site while this permit is in effect. To this end, I/we understand that I/we may be required to post a bond or other form of guarantee and that the site will be left in substantially the same condition as it was prior to the issuance of this permit.

**COMMUNITY DEVELOPMENT DIRECTOR ACTION**

Date application was filed: \_\_\_\_\_

Permit Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Guarantee Required: ( ) Yes ( ) No Type: \_\_\_\_\_ Amount: \_\_\_\_\_

Building Inspector Approval: ( ) Yes ( ) No ( ) NA  
Any Conditions: \_\_\_\_\_  
\_\_\_\_\_

City Council Approval: ( ) Yes ( ) No ( ) NA  
Any Conditions: \_\_\_\_\_  
\_\_\_\_\_

Community Development Director/Asst. Director: \_\_\_\_\_ Date: \_\_\_\_\_

Date Applicant was Notified: \_\_\_\_\_

