



# 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: \_\_\_\_\_

#### 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: \_\_\_\_\_