CITY OF ST. MARYS, GEORGIA
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS
& MATERIAL CHANGES TO EXTERIOR FEATURES
St. Marys Historic Preservation Commission
Community Development Department
418 Osborne Street—(012) 510-4032

1. Name of Applicant: ___________________________________________________ Date: ____________________
   You or your representative must be present at the meeting of the Commission to answer questions that
   may arise. You will be notified of the time, date, and location of the meeting.

   Mailing Address: _________________________________________________ Zip Code: _____________________

   Daytime Telephone: __________________________________________________________________________

   Relationship of Applicant to Property: ( ) Owner ( ) Architect ( ) Contractor ( ) Other (Specify)___________

2. Address and Legal Description of Property: __________________________________________________________

   Zoning/Tax Map #: _____________________ Parcel #: __________________ Lot #: __________________

   Subdivision: ___________________________ Zoning District: __________________________

   Year Built: ________ Historic Designation: ( ) Historic (more than 50 years old and contributing)

   ( ) Historic-obscured (50 years old but not contributing) ( ) Non-historic (less than 50 years old, yet not detracting)

   ( ) Intrusions (any aged structure, which detracts) ( ) Vacant

3. Proposed Work:
   ( ) New Construction ( ) New Signage
   ( ) Demolition ( ) Parking Lot, Driveway or Walkway
   ( ) Relocation ( ) Outbuilding or Accessory Structure
   ( ) Excavation ( ) Lighting Fixtures
   ( ) Fencing or landscaping ( ) Other
   ( ) Reconstruction or alteration of the size, shape or façade of an existing structure.
   ( ) A change in the location or extent of signage.
   ( ) The application of paint, varnish, stain, siding, or other coating to an existing structure visually
different from the type presently in use. **Color changes need not be approved.**
   ( ) Removal of a tree 10 inches in diameter measured 24 inches above the ground.
   ( ) Changes to topography of a property.

   Please describe your proposed work as simply and accurately as possible. Use the attached submittal criteria
   checklist to guide you in your description. Be sure to indicate materials to be used. Accurate drawings and
   photographs required are to be attached.

   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

   IMPORTANT: This form must be completed before the St. Marys Historic Preservation Commission can consider
   approval of any change affecting the appearance of any building, or property within the Historic District. Nine
   copies of this form along with supporting documents must be filed with the Planning Director, 418 Osborne
   Street at least 15 days prior to the scheduled commission meeting. The Historic Preservation Commission meets
   the third Tuesday of each month.
All applicable items from the attached checklist of Submittal Criteria must be addressed. Incomplete applications will not be docketed for consideration by the Historic Preservation Commission.

For additional help of information, contact the Community Development Department at (912) 510-4025.

SIGNATURE OF APPLICANT: ______________________________________________________________________

Certificate of Appropriateness: ( ) Approved ( ) Denied
Review of Material Change: ( ) Recommended ( ) Not Recommended
Commission Comments: _________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

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CITY OF ST. MARYS
CERTIFICATE OF APPROPRIATENESS
St. Marys Historic Preservation Commission

A Certificate of Appropriateness is hereby issued to: __________________________________________________

For the following actions: ________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

at _________________________________________________________________________ provided the following
conditions are met:

_____________________________________________________________________________________________
_____________________________________________________________________________________________

SIGNATURE: _____________________________________________________________________________
Chairperson, Historic Preservation Commission

DATE: ___________________________________________________________________________________