



**City of St. Marys**  
Community Development

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

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### 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 Information**

Applicant Name \_\_\_\_\_

Applicant Type \_\_\_ Property Owner \_\_\_ Contractor \_\_\_ Authorized Agent \_\_\_ Other

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Section B Property Information**

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 \_\_\_\_\_

\_\_\_\_\_  
*Notary Public Signature*

My Commission Expires: \_\_\_\_\_