



CITY OF ST. MARYS, GEORGIA

TEMPORARY PERMIT APPLICATION

Planning & Building 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 Planning Director 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.

Signed: _____ Date: _____

PLANNING 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: _____

Planning Director: _____ Date: _____

Date Applicant was Notified: _____