



CITY OF ST. MARYS, GEORGIA
APPLICATION FOR CERTIFICATE OF APPROPRIATENESS
St. Marys Historic Preservation Commission
Planning & Building Department
418 Osborne Street—(012) 510-4032

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1. Name of Applicant: _____ Date: _____

You or your representative must be present at the meeting of the Board 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: _____

3. Proposed Work:

- () New Construction
- () Demolition
- () Relocation
- () Excavation
- () Fence
- () Reconstruction or alteration of the size, shape or façade of an existing structure.
- () A change in the location of advertising visible from the public right-of-way.
- () 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.
- () Driveway or Walkway
- () Parking Lot
- () Outbuilding
- () Lighting Fixtures
- () Signs

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.

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.



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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 Planning & Zoning Department at (912) 510-4025.

SIGNATURE OF APPLICANT: _____

Certificate of Appropriateness: () Approved () Denied

Commission Comments: _____

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: _____