



**City of St. Marys**  
Community Development

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

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### Documents Required for a Special Use Permit Application

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Please take care to ensure that all information is provided as required. The city will not accept incomplete applications.

\_\_\_\_\_ Application

\_\_\_\_\_ Letter describing how the proposed use meets the requirements of Sec. 110-145 (3)(d) of the Zoning Ord.

\_\_\_\_\_ Site Plan

\_\_\_\_\_ Deed (with legal description) for the property

\_\_\_\_\_ Proof of Ownership or Letter of Authorization

\_\_\_\_\_ Other Attachments \_\_\_\_\_



**Special Use Permit 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 \_\_\_\_\_

Use for which the  
Special Use  
Permit is being  
requested \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A letter describing how the proposed use meets the requirements of  
Sec. 110-145 (3)(d) of the Zoning Ordinance must be attached to this application.**

**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: \_\_\_\_\_