

CITY OF ST. MARYS, GEORGIA

APPLICATION FOR CERTIFICATE OF APPROPRIATENESS & MATERIAL CHANGES TO EXTERIOR FEATURES

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St. Marys Historic Preservation Commission Community Development Department 418 Osborne Street—(012) 510-4032

Name of Applicant:	Date:		
You or your representative must be present a may arise. You will be notified of the time, da	t the meeting of the Commission to answer questions that ate, and location of the meeting.		
Mailing Address:	Zip Code:		
Relationship of Applicant to Property:	() Owner() Architect() Contractor() Other (Specify)		
Address and Legal Description of Property:			
	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 		
Proposed Work:			
 () A change in the location or extent of () The application of paint, varnish, st different from the type presently in () Removal of a tree 10 inches in dian () Changes to topography of a proper Please describe your proposed work as simply and	tain, siding, or other coating to an existing structure visually n use. <i>Color changes need not be approved.</i> neter measured 24 inches above the ground.		

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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For additional help of information, co	ontact the Community Devel	opment Department at (912) 510-4025.
SIGNATURE OF APPLICANT:		
Certificate of Appropriateness:	() Approved	() Denied
Review of Material Change:	() Recommended	() Not Recommended
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:		

PAGE 2