

# CITY OF SAINT MARYS

## ELK COUNTY, PENNSYLVANIA

(814) 781-1718  
(814) 834-1304 FAX  
www.cityofstmarys.com

Application # \_\_\_\_\_  
Date Received \_\_\_\_\_  
Zoning District \_\_\_\_\_  
Fee **\$405.00** \_\_\_\_\_  
(\$25 filing fee - \$100 advertising,  
\$250 legal, \$10 clerical, \$20 zoning  
officer)

### APPLICATION TO RE-ZONE

Application of \_\_\_\_\_  
\_\_\_\_\_

Location \_\_\_\_\_

Size \_\_\_\_\_ Square feet \_\_\_\_\_

Rezone to \_\_\_\_\_

Deed from \_\_\_\_\_

Deed number \_\_\_\_\_ Book \_\_\_\_\_ Page # \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Landowners

ZONING OFFICER COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

The Saint Marys Planning Commission hereby (approves) (denies) the requested zoning change.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

The Saint Marys City Council hereby (approves) (denies) the requested zoning change.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

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# CITY OF SAINT MARYS

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## CHECK LIST

### REZONING REQUEST

1. Street map with area to be rezoned highlighted.  
Map also to show existing zoning. \_\_\_\_\_
2. Ten copies of map \_\_\_\_\_
3. Names and addresses of landowners abutting property to be  
rezoned to be shown on map. \_\_\_\_\_
4. Envelopes addressed to each property owner abutting the  
property to be rezoned. \_\_\_\_\_
5. Letter stating why rezoning is being requested. \_\_\_\_\_
6. Copy of deed for property to be rezoned. \_\_\_\_\_
7. Fees to be paid in full. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date