

CITY OF SAINT MARYS

APPLICATION FOR A USE CERTIFICATE

(814) 781-1718
(814) 834-1304 (FAX)
www.cityofstmaryspa.gov

CITY USE ONLY

Application # _____
Date Received _____
Zoning District _____
Fee \$20.00 _____
Check # _____
Receipt # _____

Name of Business _____

Owner _____

Mailing Address _____

Telephone Number _____

- New Use (Upon completion of building construction)
- Change of Use (Existing Building)
- Home Occupation or No Impact Home-Based Business (Residence)
- Non-Conforming Use _____
- Description of Use _____

DESCRIPTION OF PROPOSED USE

- Land only will be used for _____
- Building will be used for _____
- Number of employees _____

DESCRIPTION OF PRESENT USE OF BUILDING AND/OR LAND

- Present use _____ since _____

DESCRIPTION OF LAND

- Deed from _____ dated _____ Road/Street _____ book & page _____
- Frontage _____ Depth _____
- Front yard depth _____ Rear yard depth _____
- Private driveway size _____
- Number of parking spaces _____
- Sewage disposal _____ Water supply _____
- _____

DESCRIPTION OF BUILDING

- Type of construction _____
- Overall size _____ Size of area to be used _____
- Date of construction _____

Signature of Applicant(s) _____

RECOMMENDATION OF ZONING OFFICER

- Approved Denied Section _____ of City of St. Marys Zoning Ordinance of 2005
- Zoning Hearing Appeal: Variance Special Exception Interpretation
- Fee _____ paid _____ (date)
- Date _____ Zoning Officer _____

ACTION BY ZONING HEARING BOARD

- Variance granted Special Exception granted Approved Denied
- Application denied Application misinterpreted

ACTION BY CITY COUNCIL

Date _____ Date _____

Chairman _____ Council _____