

CITY OF ST. MARYS

ELK COUNTY, PENNSYLVANIA



(814) 781-1718 X227
(814) 834-1304 (FAX)

Application # _____
Date Received _____
Zoning District _____
Fee \$500 plus costs _____
Receipt# _____

APPLICATION FOR REZONING PLAN APPROVAL

APPLICATION OF:

NAME _____ ADDRESS _____

TELEPHONE _____ CITY, STATE, ZIP _____

APPLICANT'S INTEREST _____

OWNER NAME _____

DEED REFERENCE _____ TAX MAP # _____

CONTACT NAME AND PHONE NUMBER _____

PROPERTY
LOCATION _____ ROAD/STREET _____

SIZE OF AREA _____ ACRES OR _____ SQ. FT.

CURRENT ZONING _____ PROPOSED ZONING _____

UTILITIES:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> ON SITE SEPTIC SYSTEM | <input type="checkbox"/> WELL/SPRING |
| <input type="checkbox"/> EXTENSION OF CITY SANITARY SEWER | <input type="checkbox"/> CITY WATER |
| <input type="checkbox"/> GAS | <input type="checkbox"/> ELECTRIC |
| <input type="checkbox"/> TELEPHONE | |

ROAD/STREET: (if applicable) PUBLIC PRIVATE

APPLICANT MUST COMPLY WITH CHECK LIST PROVIDED WITH APPLICATION.

The undersigned hereby represents that, to the best of my knowledge and belief, all information listed above is true and complete.

SIGNATURE OF APPLICANT

_____ DATE _____

ZONING OFFICER COMMENTS

ZONING OFFICER

DATE

ST. MARYS CITY PLANNING COMMISSION MEMBERS
REVIEWED BY THE CITY PLANNING COMMISSION THIS _____ DAY OF _____,
_____ SUBJECT TO ANY CONDITIONS LISTED BELOW.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CONDITIONS _____

ST. MARYS CITY COUNCIL

REVIEWED AND APPROVED THIS _____ DAY OF _____,
_____ SUBJECT TO ANY CONDITIONS LISTED BELOW.

SECRETARY

MAYOR

CONDITIONS _____

CITY OF ST. MARYS

CHECK LIST

REZONING APPLICATION REQUIREMENTS

1. Survey map with area to be rezoned shown _____
2. Size of parcels in square feet, and/or acres _____
3. Names and deed references of adjoining property owners _____
4. Supporting documentation for the rezoning. _____
5. List of names and mailing addresses of adjacent landowners. _____
6. Copy of deed to property to be rezoned or sales agreement. _____
7. Legal description of the area to be rezoned. _____
8. Date _____
9. Location map _____

Application and plans are to be approved by the City Planning Commission, and City Council; applications are reviewed by the Elk County Planning Commission, and must comply with any other federal, state or local laws.

Return this check list along with completed application and fee to the City Permit Office EIGHT days prior (Monday) to the Planning Commission meeting (first Tuesday of every month). Any applications turned in after this time will be reviewed at the next meeting, and any incomplete applications will not be accepted.

20 copies of the survey plan are required.

- 9 – City Planning Commission
- 1 - Elk County Planning Commission
- 7 - City Council and Mayor
- 3 – City Staff Files

Applicant Signature

Date