

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 _____

CITY OF SAINT MARYS

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