

# CLEARANCE SHEET APPLICATION

## ST. JOHNS COUNTY GROWTH MANAGEMENT



**Any claim for impact fee credit (replacement of an existing home/building) must be made no later than the time of building permit application.**

**NOTE: Any claims not made shall be deemed waived.**

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

Tax Parcel Number \_\_\_\_\_ Depository Account Number \_\_\_\_\_

Site Legal Description \_\_\_\_\_

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Job Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Description of Work \_\_\_\_\_

Structure Use \_\_\_\_\_

Height \_\_\_\_\_ Stories \_\_\_\_\_ # of Units \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ Conditioned Sq. Ft. \_\_\_\_\_

If proposed improvements are accessory to existing improved property provide:

Existing Sq. Ft. \_\_\_\_\_ Existing Conditioned Sq. Ft. \_\_\_\_\_

New Sq. Ft. \_\_\_\_\_ New Conditioned Sq. Ft. \_\_\_\_\_ Height of Main Structure \_\_\_\_\_ Height of proposed Structure \_\_\_\_\_

Water \_\_\_\_\_ Well \_\_\_\_\_ Sewer \_\_\_\_\_ Septic Tank \_\_\_\_\_

**A RESIDENTIAL CLEARANCE SHEET IS VALID FOR SIX (6) MONTHS, UNLESS A BUILDING PERMIT HAS BEEN ISSUED. FOLLOWING BUILDING PERMIT ISSUANCE, THE CLEARANCE SHEET REMAINS VALID UNLESS THE BUILDING PERMIT IS REVOKED, EXPIRES DUE TO INACTIVITY, OR UNTIL THE PROJECT RECEIVES A CERTIFICATE OF OCCUPANCY/COMPLETION. COMMERCIAL CLEARANCE SHEETS FOLLOW EXPIRATION DATE OF ASSOCIATED CONSTRUCTION PLAN APPROVAL.**