



# St. Johns County Growth Management Department

Application for:

Date

Property Tax ID No

Project Name

Property Owner(s)

Phone Number

Address

Fax Number

City

State

Zip Code

e-mail

Are there any owners not listed?

 No Yes

If yes please provide information on separate sheet.

Applicant/Representative

Phone Number

Address

Fax Number

City

State

Zip Code

e-mail

Property Location

Major Access

Size of Property

Cleared Acres (if applicable)

Zoning Class

No. of lots (if applicable)

Overlay District (if applicable)

Water & Sewer Provider

Future Land Use Designation

Present Use of Property

Proposed Bldg. S.F.

Project Description (use separate sheet if necessary)

Please list any applications currently under review or recently approved which may assist in the review of this application including the name of the PUD/PRD:

I understand that reasonable inspections of the subject property may be made as part of the application review process. I understand that any material misrepresentations or errors contained in this application or supporting documents may void an approved application, at the reasonable determination of the County considering the Land Development Code, Comprehensive Plan, and other applicable regulations.

I HEREBY CERTIFY THAT ALL INFORMATION IS CORRECT:

Signature of owner or person authorized to represent this application:

Signed By

Printed or typed name(s)