



(Office Use) Permit #: \_\_\_\_\_

HCP Training Date: \_\_\_\_\_

**St. Johns County  
Habitat Conservation Section  
904-209-0619  
North Beach Permit  
Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Tag #	Annual Pass #	Year	Make	Model	Color

**As the holder of the permit I agree to the following conditions:**

**Initial:** \_\_\_\_\_ I have completed the step-by-step program that includes protected species training, submitted the quiz, and have a 4x4/All-Wheel Drive vehicle with a current annual pass.

**Initial:** \_\_\_\_\_ I understand that, at all times, I will display my magnetic placards and orange hang tag so it is visible.

**Initial:** \_\_\_\_\_ I understand that the beaches of St. Johns County are important nesting habitat and that the sea turtle nesting season is from May 1 – October 31 and I am only permitted to enter the beach from 8:00 am to 7:30 pm (tidally dependent).

**Initial:** \_\_\_\_\_ I understand that, at all times, I shall take such precautions as may be necessary to avoid accident or collision with or injury to any persons, coastal wildlife, vegetation, or personal property.

**Initial:** \_\_\_\_\_ I understand that soft sand and extreme tidal conditions may limit vehicle access; it shall be my responsibility to enter and exit according to the tides:

- Access at high tide or mid-high tide is currently prohibited.
- Vehicles must remain below the high tide line at all times.

**Initial:** \_\_\_\_\_ I understand that vehicle access boundaries begin at Surfside Beach Access and permittees are only allowed to drive North and terminate at the boundary of the Usina Ramp.

**Initial:** \_\_\_\_\_ Finally, I understand that any violation to the aforementioned activities including any violation to the St. Johns County Beach Code may lead to a citation and revocation of my permit.

By signing below, I have read and understand the above-mentioned conditions of this permit.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date of Issuance

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Beach Access Authorized Signature

\_\_\_\_\_  
Expiration Date

Print, sign, and make an appointment to meet at:  
Nease Beachfront Park HCP Field Office  
3171 Coastal Hwy.  
St. Augustine, FL 32084

(Permit Valid for 1 year from Date of Issuance)