

(Office Use) Permit #: _____



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

Date of HCP Training: _____

1. Name: _____
 Address: _____
 Telephone #: _____
 Email Address: _____
 Four Wheel Drive All Wheel Drive ATV

Tag #	Annual Pass#	Year	Make	Model	Color

2. Which of the following is your intended purpose for vehicular access:
- Fishing Swimming
 Sunbathing Surfing
 Wildlife-related transport Other: _____

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 and vegetation, or property.

In addition, I understand that soft sand and extreme tidal conditions may limit vehicle access. As the permit holder it shall be my responsibility to promptly remove my vehicle should it succumb to the sand and/or tides.

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

Signature of Applicant

Expiration Date

Print, sign, and make an appointment to meet at:
Beach Services
901 E. Pope Road
St. Augustine, FL 32080

(Permit Valid for 3 Months from Date of Issuance)