

*St. Johns County Board of County Commissioners*

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*UTILITY DEPARTMENT  
Customer Service*

*PO Drawer 3006  
Saint Augustine, Florida  
32085-3006*



*Phone: (904) 209-2700  
Fax: (904) 209-2718  
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**APPLICATION FOR SEWER VARIANCE**

**Date:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Account Name:** \_\_\_\_\_

**Service Address:** \_\_\_\_\_

**Builder:** \_\_\_\_\_

**Building Permit Number:** \_\_\_\_\_

**Expected Date of Completion:** \_\_\_\_\_

*It is the account holder's responsibility to notify the Utility Department if connection to sewer is made prior to the 90-day variance. **Failure to do so may result in service charges.***

*I understand and agree that this application only allows me a sewer variance for 90 days or until certificate of occupancy is issued, whichever comes first.*

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date