



St. Johns County Growth Management Department

Application for:

Date

Project Name

Property Owner(s)

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

No. of clearance sheets submitted (if applicable)

Number of lots associated with subdivision construction plan

Narrative

I understand that if the applicant chooses to do the optional two-part (AB-I) and (AB-L) review process, a signature is required below acknowledging that no more than thirty-percent (30%) of clearance sheets and associated certificates of occupancy shall be issued until the entire As-Built review process is complete.

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)

Revised November 30, 2016