



St. Johns County

Growth Management Department

CONFIRMATION LETTER REQUEST

Applicant: _____
Name _____ Company _____

Mailing Address: _____
Street or PO Box _____ City _____ State _____ Zip Code _____

Phone: _____ / _____ **E-mail:** _____

Parcel Number: _____

Parcel Address: _____
Street _____ City _____ State _____ Zip Code _____

Parcel Owner's Name: _____

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Coastal Construction Control Line Noncontravene Letter per Florida Department of Environmental Protection requirements. *Construction plans are required for review.*

Specific use(s) to be verified. Please attach survey/site plan or other applicable information.

Applicant Signature: _____ **Date:** _____

Mail or hand-deliver the completed application with the appropriate fee to:
St. Johns County Growth Management, Planning & Zoning Division
4040 Lewis Speedway, St. Augustine, Florida 32084.

FOR STAFF USE ONLY

Application Number: _____ Date: _____

Dept(s) for routing: ☐ TECH ☐ APPCO ☐ UTILITIES ☐ PL ☐ EHD ☐ RE _____