



Application for Vesting Determination
St. Johns County Growth Management Services Department
4040 Lewis Speedway
St. Augustine, Florida 32084
Phone (904) 209-0675; Fax (904) 209-0676

This application, together with ALL REQUIRED EXHIBITS and application fee, should be completed and filed with the Long Range Planning Division.

Date _____

Property Owner(s) _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip Code _____ Email _____

Are there any owners not listed ☐ No ☐ Yes If yes please list on separate sheet to be included with your application

Applicant _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip Code _____ Email _____

Property Appraiser's Parcel Identification No. _____ Size of parcel: _____

Future Land Use Map Designation ☐ Zoning ☐

Utility Provider: _____

I HEREBY CERTIFY THAT ALL INFORMATION IS CORRECT:

Signature of owner(s) or authorized person if Owner's Authorization Form is attached:

Printed or typed name(s): _____

Signature(s): _____

NAME AND ADDRESS OF PERSON TO RECEIVE ALL CORRESPONDENCE REGARDING THIS APPLICATION:

Name: _____

Mailing Address: _____

Phone: _____ FAX: _____ E-mail: _____