

## ADJACENT PROPERTY OWNERS LIST REQUEST FORM

(Complete this form and return it to the technician handling your application or email it directly to the attention of the GIS Division at gisaddress@sjcfl.us)

Date Requested	d		Date Need	ed By (3 day minimum)		
zato nequesto.			241011000			
Project Name						
Applicant Nam						
Address	(address that "A	Adjacent Property Owners Lis	t" will be mailed to)	Phone Number		
					· ada	
City				State Zip C	.ode	
Application Typ	ре			Heari	ing Date	
				if ap	pplicable	
Application Nu	mber (if avail	able)				
(	(Example: PUD2	2004000012; REZ200400003	5, MINMOD2004000026)			
Parcel Number	(s)					
Legal Description (may be an atta						
Format <i>(please d</i>	check one)					
∵		email				
			(email address required	l for digital format delivery	<i>(</i> )	
○ Hard Co	opy printout r	ready for copying onto st	tandard mailing label	S		
provided by the	e St. Johns Co	unty Administrator to th	e Applicant, which lis	t shall include said info	e names and addresses m ormation obtained from t en (10) day notice must b	he St.
County Land Deve	elopment Code :		arings which sets forth ad	ljoining owners within 300	s list complies with the St. Joh I feet of subject property be no ress@sjcfl.us .	
For County De	epartmental U	se Only:				
Date		File Name	e			
Comments						

Revised October 29, 2019