



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: _____

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 _____	

Phone (904) 209-0675

Email: plandept@sjcfl.us

www.sjcfl.us/GrowthManagement