

SECTION 12B.0 CONFIRMATION LETTER REQUEST

Section 12B.01 Introduction

A confirmation letter request provides the opportunity to request specific information regarding county policies, ordinances, standards, opportunities and constraints which may be applicable to a specific site, parcel, or proposed development before the applicant has invested substantial design time or become committed to particular design solutions. **The confirmation letter is for informational purposes only and does not confer any approval or waive any requirements that may be applied to any subsequent applications.**

Confirmation letter requests may be submitted by e-mail or hard-copy to the Planning and Zoning Division of the Growth Management Department.

Physical Address: 4040 Lewis Speedway, St. Augustine, FL 32084

Phone: (904) 209-0675
Fax: (904) 209-0743
E-Mail: plandept@sjcfl.us

The fee for a confirmation letter request is \$58/hour with a 2-hour minimum payable online or at the Permit Center. Payment is due at the time of request. If minimum payment has already been made and additional research is required to fulfill the confirmation letter request, the requestor will be contacted and additional payment will be required before fulfilling the request.

Zoning verification letters for jurisdictional agencies (FDEP, SJRWMD, etc.) may be requested following the same procedure outlined above. See Fee Schedule for associated fee.

Section 12B.02 Review Process

After payment has been received, confirmation letter requests are routed for a fifteen (15) business day review. However, additional time up to thirty (30) business days may be required to complete the confirmation letter depending on complexity of the request, research required, and/or number of departments consulted.

Once the confirmation letter has been completed it will be e-mailed to the person noted as "person to receive comments" on the confirmation letter request form.



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