



Emergency Temporary Coastal Armoring Permit Application

**PERMITS BECOME NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED
IS NOT COMMENCED WITHIN 30 DAYS OR IF CONSTRUCTION OR WORK IS SUSPENDED,
OR ABANDONED FOR A PERIOD OF 7 DAYS AT ANY TIME AFTER WORK IS COMMENCED.**

Tax Parcel Number _____

Owner's Name _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Contractor's Name _____ Qualifying Name _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Description of Work

Application is hereby made to obtain a permit to do the work and installation as indicated on the attached *Emergency Temporary Coastal Armoring Property Owner Permit Agreement* and site sketch. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction this jurisdiction. Prior to initiating construction the *Emergency Temporary Coastal Armoring Notice of Commencement* will be submitted to the County.

OWNER'S AFFIDAVIT: I certify that all foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Print Owner's Name

Owner's Signature

Contractor's Business Qualifying Name

License No.

Print Contractor's Name

Contractor's Signature

Fee: _____

STATE OF FLORIDA COUNTY OF ST. JOHNS
NOTARY as to the Owner
This _____ day of _____ 20____

Notary Signature

Commission Number and Expiration Date
Know Personally _____ OR Identification _____

THIS SPACE FOR COUNTY USE ONLY

Plans Reviewed by: _____

Application Approved By: _____