St. Johns County
Growth Management Department
4040 Lewis Speedway
St. Augustine, FL 32084
(904) 209-0609

_____ Agreement Application Date: _____

This application, together with ALL REQUIRED EXHITIBTS and application fee, should be completed and filed with the Growth Management Department. An Initial Determination is required prior to application

Owner _____ Phone Number _____

(or Owner representing group of owners) Fax Number _____

Address _____ e-mail _____

City _____ State _____ Zip Code _____

Agent _____ Phone Number _____

Address _____ Fax Number _____

City _____ State _____ Zip Code _____ e-mail _____

Project Location _____

Future Land Use Designation _____ Current Zoning _____ Proposed Zoning _____

Property Tax ID No _____

Statement of Reasons for the Request:

Results of Initial Determination:

Brief Description of Proposed Mitigation:

I HEREBY CERTIFY THAT ALL INFORMATION IS PROVIDED HEREIN IS CORRECT TO THE BEST OF OUR KNOWLEDGE:
Signature of all owners or person authorized to represent this application:

_____
Signed By

Printed or typed name(s) _____

Person to receive all correspondence regarding this application:

Name _____ Phone Number _____

Address _____ Fax Number _____

City _____ State _____ Zip Code _____ e-mail _____

Revised March 29, 2012