

**CITY OF ST. AUGUSTINE BUILDING PERMIT**  
PLANNING & BUILDING DEPARTMENT – P.O. BOX 210, ST. AUGUSTINE, FL 32085 Ph. 904-825-1065

---

Permit No. \_\_\_\_\_ **FAX No.** \_\_\_\_\_  
Contractor Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_  
Owner Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_  
Project Address \_\_\_\_\_ Existing Use of Property \_\_\_\_\_ Lot No. \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Proposed Work Description:   ↑ A/C Replace       ↑ Water Heater Replace   ↑ Elect Service Change   ↑ Re-Roof       ↑ Sewer Line Replace       ↑ Water Line Replace  
                                  ↑ Temp Power Pole       ↑ LPG/CNG Line Replace       ↑ Misc. (Explain) \_\_\_\_\_       Direct Work Valuation \$ \_\_\_\_\_

---

Application is hereby made to obtain a permit to do the work and installation indicated. I certify that no work or installation has commenced prior to the issuance of permit and the all work will be performed to meet the standards and laws regulating construction in this jurisdiction.

**Notice:** In addition to all the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of St. Johns County and additional permits may be required from other governmental entities. It is the owner's and contactor's responsibility to comply with the provisions of FS 469.003 and to notify the Department of Environmental Protection if removal of asbestos is necessary in accordance with state and federal law. State law requires asbestos abatement to be done by licensed contractors.

**Notice and Marking Requirements for Excavation:** No excavator shall commence or perform any excavation in any public or private street, alley, public right-of-way, or gas utility easement without first obtaining information concerning the possible location of gas lines in the area of the proposed excavation. Such information may be requested by telephone, letter, telegraph, messenger or in person at the pre-work conference for the job requiring the proposed excavation of by calling the utility notification center operating in the area. The excavator shall notify the owner in the manner prescribed above so that the owner receives notification at least 48 hours excluding Saturdays, Sundays and legal holidays, prior to starting excavation.

**THIS PERMIT IS VALID FOR A PERIOD OF ONE (1) YEAR FROM THE DATE OF ISSUANCE BUT WILL BECOME VOID BY TIME LIMITATION IF THE WORK IS NOT COMMENCED WITH SIX (6) MONTHS FROM THE DATE OF ISSUANCE.**

CONTRACTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ LICENSE No. \_\_\_\_\_

---

**STAFF USE ONLY**

Permit Approval by \_\_\_\_\_ Date \_\_\_\_\_ Inspection Approval by \_\_\_\_\_ Date \_\_\_\_\_

Total Fees: \_\_\_\_\_