

**City of St. Augustine  
Planning & Building Department**

**Email Permit Program Registration**

Contact Name \_\_\_\_\_ License Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_ ZIP \_\_\_\_\_  
Email Address \_\_\_\_\_  
Contractor Classification or Specialty \_\_\_\_\_ License No. \_\_\_\_\_  
Contractor Classification or Specialty \_\_\_\_\_ License No. \_\_\_\_\_  
Workers Compensation Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_  
Liability Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Property Damage Coverage \$ \_\_\_\_\_ Liability Coverage \$ \_\_\_\_\_

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**Email Permit Program Conditions:**

Participation in the City of St. Augustine Email Permit Program obligates the participant to follow all applicable local ordinances, state laws and regulations pertaining to building construction. All inspections must be requested by the participant pursuant to established Planning & Building departmental policies and procedures and successfully completed by the Building Division staff.

Repeated violations of applicable codes and repeated incidents of non-compliance with the Email Permit Program conditions of participation may disqualify a program participant from participating in the program.

Inspections shall be called in 24 hours in advance.

Permit fees are due within thirty (30) days from the date of invoice.

Returned checks will incur a \$30.00 returned check fee.

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I hereby agree to participate in the City of St. Augustine Planning & Building Department Email Permit Program and agree to abide by all local ordinances, state laws and rules and regulations applicable to building construction and the Email Permit Program. I understand that failure to abide by these rules and regulations may disqualify me from participating in the program.

Signed \_\_\_\_\_  
Contractor

Date \_\_\_\_\_

Approved by \_\_\_\_\_

Date \_\_\_\_\_