



CITY OF
ST. AUGUSTINE.
EST. 1565

City of St. Augustine Application For Friday Review

Office Use Only

Application Fee _____

Receipt No. _____

Date Paid _____

Business Name _____

Project Physical Address _____ Parcel Number _____

Business Email _____ Business Telephone _____ Business Fax _____

Business Owner _____	Property Owner _____
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Type of Business

Square Footage

Project Description

Agreement (signature required):

In filing this application, I understand that it becomes a part of the Public Record of the City of St. Augustine, and hereby certify that all the information contained herein is accurate to the best of my knowledge

SIGNATURE OF APPLICANT

DATE