



CITY OF
ST. AUGUSTINE.
EST. 1565

City of St. Augustine Application For Friday Review

Office Use Only
Application Fee _____
Date Paid _____

Name _____

Physical Address _____ Parcel No. _____

Email _____ Telephone _____

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