

APPLICATION FOR MIXED USE

CITY OF ST. AUGUSTINE BEACH, FLORIDA

This application is used for a consideration of new structure or a modification to an existing structure using the allowances as outlined in the Mixed Use Ordinance. The following is the documentation required to allow consideration of the request by the Comprehensive Planning and Zoning Board for the City of St. Augustine Beach. Failure by the applicant to provide the required information will result in the request be continued for an additional month or such time that the information is provided.

DESCRIPTION OF PROPOSED MIXED USE ALLOWANCE:

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1. Survey of the Property
  - a. Draw to scale the proposed addition to the existing structure or a site plan for a new structure. Show all proposed setbacks for the requested addition or either a one story or multi story structure. Reflect site requirements as directed by the ordinance or other applicable City Ordinances.
  
2. Elevation Plans
  - a. Reflect the architectural details as directed by the ordinance if applicable.
  
3. Landscaping Plan (new)
  - a. List all plants to be used and their respective locations.

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Property PIN: \_\_\_\_\_

Lot/Lots: \_\_\_\_\_ Block: \_\_\_\_\_ Subdivision: \_\_\_\_\_

APPLICATION FOR AN ECONOMIC HARDSHIP VARIANCE

DESCRIPTION OF WORK:

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JUSTIFICATION FOR AN ECONOMIC VARIANCE:

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APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ PROPERTY PIN: \_\_\_\_\_

LOT/LOTS \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

DATE: \_\_\_\_\_

TO: Building Official  
City of St. Augustine Beach

FROM: \_\_\_\_\_  
Property owner  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Telephone

This is to advise you that I hereby give permission to

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Phone

Who is my agent/contractor to perform the following on my behalf:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

**STATE OF FLORIDA**  
**COUNTY OF** \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_, who is personally known to me or who has/have  
produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Commission expires