

**CITY OF ST. AUGUSTINE BEACH OVERLAY DISTRICT APPLICATION**

**REQUIRED INFORMATION FOR NEW OR EXISTING RESIDENCE:** The following information is provided for consideration of an Overlay District Application per City of St. Augustine Beach Ordinance No. 08-30 by the City of St. Augustine Beach Comprehensive Planning and Zoning Board.

New Structure \_\_\_\_\_ Existing Structure \_\_\_\_\_

Lot(s) \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Real Estate Parcel Number(s) \_\_\_\_\_

Street Address \_\_\_\_\_

Is the property seaward of the Coastal Construction Line? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and address of property owner(s) per St. Johns County, Florida Public Records:

\_\_\_\_\_

REQUESTED MODIFICATIONS IN ACCORDANCE WITH ORDINANCE NO.08-30:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Provide a current survey for the lot and proposed structure. Current means no more than 60 days old from date of application. Reflect:** Flood zone \_\_\_\_\_

Front yard setback \_\_\_\_\_ Rear yard setback \_\_\_\_\_ Sideyard setbacks \_\_\_\_\_

Number of stories for the adjacent structure(s) \_\_\_\_\_ (IF NONE ENTER N/A)

(10) TEN SETS OF PLANS 11 x 17 INCH SIZE ARE REQUIRED PLUS A CD OF THE PLANS IN PDF FORMAT. THE PLANS SHALL INCLUDE:

\_\_\_\_\_ EXISTING AND PROPOSED IMPERVIOUS SURFACE COVERAGE

\_\_\_\_\_ LOCATION OF PROPOSED STRUCTURE WITH SETBACKS

\_\_\_\_ ELEVATIONS FOR EACH SIDE

\_\_\_\_ PORCHES ILLUSTRATED ON SURVEY AND ELEVATIONS

\_\_\_\_ GARAGE LOCATION

\_\_\_\_ LANDSCAPE PLAN

\_\_\_\_ FENCE SPECIFICATIONS

\_\_\_\_ EXTERIOR COLORS

**CLUSTERING OF UNITS FOR COMBINED LOTS OR REPLACEMENT OF EXISTING UNITS IS ALLOWED BY THE OVERLAY, SUBJECT TO CERTAIN REQUIREMENTS.**

**FOR CLUSTERING OF LOTS OR REPLACEMENT OF UNITS ON LOTS, THE FOLLOWING MUST BE PROVIDED:**

\_\_\_\_ 10 (TEN) SETS OF PLANS 11 x 17 INCH SIZE PLUS CD IN PDF FORMAT

\_\_\_\_ IDENTIFY THE ONE NON-CONFORMING SETBACK TO BE USED

\_\_\_\_ SURVEY REFLECTING STRUCTURES ON AGGREGATED LOTS

\_\_\_\_ TOTAL IMPERVIOUS SURFACE COVERAGE OF EXISTING STRUCTURES

\_\_\_\_ SITE PLAN REFLECTING PROPOSED UNITS AND LOT SIZES

\_\_\_\_ TOTAL IMPERVIOUS SURFACE COVERAGE FOR NEW UNITS

\_\_\_\_ ELEVATIONS FOR EACH SIDE OF THE STRUCTURE(S)

\_\_\_\_ PARKING LAYOUT IF MORE THAN SINGLE-FAMILY

\_\_\_\_ ILLUSTRATION AND LOCATION OF THE REQUIRED GREEN SPACE

\_\_\_\_ EXTERIOR COLORS

\_\_\_\_ NUMBER OF STORIES FOR ADJACENT STRUCTURES

PLEASE CHECK THAT THE FOLLOWING INFORMATION IS INCLUDED WITH THE APPLICATION:

\_\_\_\_ LEGAL DESCRIPTION OF PROPERTY

\_\_\_\_\_WARRANTY DEED

\_\_\_\_\_OWNER PERMISSION LETTER FOR AGENT IF APPLICABLE

\_\_\_\_\_LIST OF PROPERTY OWNERS WITHIN 300 FEET OF PROPERTY FOR WHICH THIS OVERLAY DISTRICT APPLICATION IS SUBMITTED (List may be obtained from the St. Johns County Real Estate/Survey Department, 904-209-0760)

\_\_\_\_\_STAMPED AND ADDRESSED LEGAL SIZE ENVELOPES WITH NAMES AND ADDRESSES OF PROPERTY OWNERS WITHIN 300-FOOT RADIUS LIST (Note: Do not put a return address on the envelopes. The Building and Zoning Department will stamp the return address with the City’s address and mail the legal notice to the property owners within 300 feet).

IN FILING THIS APPLICATION FOR AN OVERLAY DISTRICT ALLOWANCE, THE PROPERTY OWNER ACKNOWLEDGES THAT IT BECOMES PART OF THE PERMANENT RECORD OF THE COMPREHENSIVE PLANNING AND ZONING BOARD AND DOES HEREBY CERTIFY THAT ALL OF THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE.

IF APPROVED, THE OVERLAY DISTRICT ALLOWANCE WILL BE EFFECTIVE FOR A PERIOD OF TWO (2) YEARS AND SHALL BE TRANSFERABLE WITH THE PROPERTY BASED ON THE SUBMITTAL TO THE PLANNING AND ZONING BOARD. ANY MODIFICATION TO THAT APPROVED BY THE PLANNING AND ZONING BOARD SHALL BE SUBJECT TO REAPPLICATION TO THE PLANNING AND ZONING BOARD. ALL AGENTS MUST INCLUDE NOTARIZED WRITTEN AUTHORIZATION OR NOTARIZED OWNER PERMISSION LETTER WITH THIS APPLICATION.

\_\_\_\_\_  
Printed name of property owner/applicant      Printed name of authorized agent/applicant

\_\_\_\_\_  
Signature of property owner/applicant      Signature of authorized agent/applicant

\_\_\_\_\_  
Address of property owner/applicant      Address of authorized agent/applicant

\_\_\_\_\_  
Telephone number      Telephone number

\_\_\_\_\_  
Date      Date

APPLICATION FEE: \$207.50 (INCLUDES ZONING SIGN)

