



City of St. Augustine Beach
Public Works
Right of Way Permit
Off. (904) 4714-1119 Fax (904) 471-4191
Email Public-Works@CitvofSAB.org

Applicant Information

Name* _____ Company Name* _____
Address* _____
City* _____ State* _____ Zip* _____
Phone Number* _____ Email Address* _____
Cell Number* _____
Signature* _____ Date* _____

Location of Proposed Work/Event

Address* _____
City* _____ State* _____ Zip* _____
Parcel Number or closest intersection* _____

What kind of road or closure request is this?

- ☐ Lane Closure
- ☐ Road Closure
- ☐ Sidewalk Closure

Provide Additional Information about Closure* _____

Proposed Scope of work* _____

Proposed Start Date and Time* _____
Proposed End Date and Time* _____

Attached Documents: _____

for office use

Comments:

Approved _____

Denied _____

By: _____ Date: _____