



# Walton County Drive on the Beach/Disability Renewal Application—2018

**Checklist:**

- Prior Year Permit       Taxes Must Be Current       Proof of Residency *(if applicable)*
- Vehicle/Trailer Registration    Proof of Real Property Ownership    Controlling Interest Verification or Resolution *(if applicable)*

**Section I—Owner Information**

**Permit Number:** \_\_\_\_\_ *(For Official Use Only)*

Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Corporate Name (If Applicable): \_\_\_\_\_

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

Home Phone : ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate Phone:( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you claiming a disability?:  Yes *(if yes, provide documentation of disability)*  No

Are you a full-time Walton County resident?:  Yes       No

Parcel Identification Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Section II—Vehicle Information**

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag Number: \_\_\_\_\_

State: \_\_\_\_\_ Vin: \_\_\_\_\_ **4x4**  Yes       No

**Section III—Trailer Information**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Tag Number: \_\_\_\_\_ State: \_\_\_\_\_ VIN: \_\_\_\_\_

**"Under penalties of perjury, I declare that I have read the foregoing instrument and that the facts stated in it are true."**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

The Board of County Commissioners is not liable for the actions of drivers permitted in accordance with this ordinance (i.e. property damage, theft, or other harm to persons).

**Renewal applications will be accepted beginning May 1st of each year.  
Fees will not be pro-rated for applications filed late in the year.**

**WALTON COUNTY ADMINISTRATION**

76 North 6th Street or  
PO Box 1355  
DeFuniak Springs, FL 32433  
Ph: 850-892-8155  
Fax 850-892-8454

## AFFIDAVIT OF UNDERSTANDING

I understand that I am being issued a "Disability Beach Driving Permit" for no fee other than the processing fee because I have shown proof that I have a mobility disability. I further understand: Walton County Ordinance 2018-01, as amended, requires;

- a) that this permit is only valid if I am physically in the permitted vehicle;
- b) that if I am not physically in/with the permitted vehicle **the permit will be immediately removed and permanently revoked;**
- c) that this beach access permit sticker must be permanently affixed to the back window or rear of the vehicle (taped on or affixed to a magnet is unacceptable);
- d) the beach access permit receipt showing the name of the individual to whom it was issued must remain in the vehicle while being operated on the beach;
- e) that I must display a valid State of Florida "Disabled Persons Parking Identification Permit" in my vehicle while on the beach.

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Signature

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Printed Name

Date

Notice: Violations of the provisions of Ordinance 2018-01 are subject to fines up to \$500 and may result in permanent revocation of your beach access permit.

**WALTON COUNTY  
BEACH PERMIT  
PAYMENT INFORMATION**

Cash, Check, Debit and Credit Cards payments are accepted. Please make checks payable to: Walton County BCC. Visa, Mastercard, American Express and Discover are accepted. Debit and Credit card payments are also accepted by phone at Walton County Administration (850) 892-8155. If you wish to have your permit mailed to a different address than provided on the renewal application please provide the preferred mailing address below.

**Note: All card transactions will be charged a 3.5% non-refundable service fee by MyFloridaCounty.com.**

Cardholder: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Walton County Administration  
76 North 6<sup>th</sup> Street  
DeFuniak Springs, FL 32433  
Fax: (850) 892-8454  
Email: [poscandy@co.walton.fl.us](mailto:poscandy@co.walton.fl.us)  
Phone: (850) 892-8155