



City of Starke Code Enforcement  
 Post Office Drawer C  
 Starke, Florida 32091  
 Phone (904) 964-5027

Petition for clean up of abandoned properties

Petitioner Name \_\_\_\_\_  
 Petitioner Address \_\_\_\_\_  
 Petitioner Contact Number Home \_\_\_\_\_ Office/Cell \_\_\_\_\_  
 Best time to contact \_\_\_\_\_ am/pm \_\_\_\_\_ am/pm

Property Address/location \_\_\_\_\_

How close is your residence or business to the nonconforming property? \_\_\_\_\_  
 Do you or your customers pass by the nonconforming property? \_\_\_\_\_  
 How often do you or your customers see the property? \_\_\_\_\_  
 Is the nonconformance visible from the street? \_\_\_\_\_  
 Does the nonconformance present a risk to personal safety? \_\_\_\_\_  
 Does the nonconformance present odor, noise, or  
 other nuisance to those near to the property? \_\_\_\_\_  
 What would the City need to do in order to solve or lessen the problem if approved? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Petitioner \_\_\_\_\_

Do not write below this line

Owner Name(s) \_\_\_\_\_  
 Parcel Number \_\_\_\_\_

Previous _____	Liens _____
Cases _____	_____
_____	_____

Inspection _____	_____
Dates _____	_____
_____	_____

Date of first available Commission meeting \_\_\_\_\_  
 Approved \_\_\_\_\_ Denied \_\_\_\_\_

Contractor Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Date cleaned up \_\_\_\_\_ Cost \_\_\_\_\_

You will be notified of the Commission meeting date and you must be present for this to be heard.