



City Of Starke

BUILDING, ZONING & PLANNING
*Post Office Drawer C * 209 N. Thompson Street*
Starke, Florida 32091
PH: (904) 368-1332 * Fax: (904) 368-1311

COMMERCIAL CONSTRUCTION PERMIT INFORMATION

1. Prior to Permitting you must submit documentation of approval by Suwannee River Water Management District, Florida Department of Transportation (if applicable) and approved site plan from City Commission.
2. You must provide a parcel number (this identifies the property in which the construction will take place.) This information can be found on your tax bill or from the Bradford County Property Appraiser's Office or website.
3. The Building and Zoning Department will issue a zoning certification on your property the fee will be \$25.00 and issue a Flood Zone Designation the fee will be \$25.00. These fees will be collected at the issuance of the permit. Must have a survey of parcel for certification.
4. If you are not the property owner, you must have a notarized letter of authorization or signed contract from the property owner.
5. Must provide proof of connection fees paid at the City Manager's office prior to issuance of the permit.
6. **DOCUMENTS REQUIRED IN ORDER TO BE ISSUED A COMMERCIAL PERMIT:**
 - The completed construction application and signed contract.
 - Subcontractor verification list with notarized Contractor's signature.
 - The General Contractor will pull ALL the permits at the same time.
 - Survey showing Flood Zone and site plan to scale showing setbacks from property line.
 - Two sets of engineered plans, to include wall sections from foundation through roof, wind load, energy & ac calculation forms.
 - Recorded Notice of Commencement on any project over \$2500.00
 - Warranty Deed showing ownership.
 - Must have 911 address at time of permitting; call 904-966-6179: ADDRESS MUST BE POSTED AT TIME OF FINAL INSPECTION.
 - Survey stakes must be in place and visible prior to first inspection

COMMERCIAL PERMIT APPLICATION

PROPERTY OWNER'S INFORMATION

NAME OWNER: _____

MAILING ADDRESS: _____

911 ADDRESS: _____

TELEPHONE #: _____

PARCEL ID#: _____

SECTION: _____ TOWNSHIP: _____ RANGE: _____

TOTAL SQUARE FOOTAGE: _____

DIRECTIONS TO JOB SITE: _____

DO NOT WRITE BELOW THIS BOX

ZONING DEPARTMENT CERTIFICATION

LAND USE/ZONING CLASSIFICATION: _____

MINIMUM LOT AREA REQUIREMENT: _____

MINIMUM LOT WIDTH REQUIREMENT: _____

MINIMUM PROPERTY SET-BACKS

FRONT: _____ SIDES: _____ REAR: _____

ZONING SIGNATURE: _____

DATE: _____

SUBCONTRACTOR VERIFICATION FORM

ALL PERMITS WILL BE ISSUED AT ONE TIME. ALL CONTRACTORS MUST HAVE THEIR SIGNATURES NOTARIZED. IT IS THE RESPONSIBILITY OF ALL CONTRACTORS TO INFORM THE BUILDING DEPARTMENT IN WRITING IF YOU WILL BE REMOVED FROM THIS PROJECT. IT IS THE RESPONSIBILITY OF EACH CONTRACTOR TO MAKE SURE THE BUILDING DEPARTMENT HAS CURRENT LICENSE AND INSURANCE PRIOR TO ISUANCE OF PERMIT.

CONTRACTOR COMPANY NAME: _____

PLEASE PRINT

SIGNATURE

CONTRACT VALUE

Sworn to and subscribed before me this _____ day of _____ 20 _____

Notary Signature

SEAL

ELECTRIC COMPANY NAME: _____

PLEASE PRINT

SIGNATURE

CONTRACT VALUE

Sworn to and subscribed before me this _____ day of _____ 20 _____

Notary Signature

SEAL

PLUMBING COMPANY NAME: _____

PLEASE PRINT

SIGNATURE

CONTRACT VALUE

Sworn to and subscribed before me this _____ day of _____ 20 _____

Notary Signature

SEAL

HVAC COMPANY NAME: _____

PLEASE PRINT

SIGNATURE

CONTRACT VALUE

Sworn to and subscribed before me this _____ day of _____ 20 _____

Notary Signature

SEAL

NOTICE OF COMMENCEMENT

RETURN TO: THIS INSTRUMENT PREPARED BY: PROPERTY APPRAISER'S PARCEL ID NUMBER:	SPACE ABOVE THIS LINE FOR RECORDING DATA
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<p>STATE OF FLORIDA, COUNTY OF BRADFORD</p> <p>The undersigned hereby gives notice that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is provided in this NOTICE OF COMMENCEMENT.</p> <p>PARCEL ID NUMBER: _____</p> <p>Street address of property: _____</p> <p>Description of improvements: _____</p> <p>Property Owner Name: _____</p> <p>Property Owner s Address: _____</p> <p>Owners Interest in property: _____</p> <p>Fee Simple Title Holder Name: _____</p> <p>Title Holder Address: _____</p> <p>Contractor Name: _____</p> <p>Contractor Mailing Address: _____</p> <p>Surety Name: _____</p> <p>Surety Mailing Address: _____</p> <p>Lender Name: _____</p> <p>Lender Mailing Address: _____</p> <p>Person within the State of Florida designated by Owner upon which notices and other documents may be served as provided by Section 713.13 (1) (a) 7, Florida Statutes.</p> <p>Name: _____</p> <p>Address: _____</p> <p>In addition to himself, the Owner designates the following person to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (a)7., Florida Statutes</p> <p>Name: _____</p> <p>Address: _____</p> <p>Expiration date of Notice of Commencement (the expiration date is one year from time of recording).</p>
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_____ Signature of Owner	_____ Printed Name of Owner
Notary Seal	I have relied on the following identification of the Affiant: _____ Sworn to and subscribed before me this _____ day of _____, 20 ____.
_____ Notary Signature:	_____ Printed Notary Name