



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*

OWNERS INFORMATION

NAME OF PROPERTY OWNER: _____

ADDRESS: -----

TELEPHONE NO: _____

PARCEL NO: -----

DIRECTIONS TO JOBSITE: _____

TYPE OF MISCELLANEOUS PERMIT

ELECTRICAL _____ POWER CO: _____ MECHANICAL _____

PLUMBING _____ ROOFING _____ OTHER _____

CONTRACT VALUE: _____

PROJECT DESCRIPTION: _____

CONTRACTORS INFORMATION (IF APPLICABLE)

PRINT COMPANY NAME (OF APPLICABLE):

SIGNATURE: _____ DATE: _____

SWORN TO AND DESCRIBED BEFORE ME THIS _____ DAY OF

_____, 20____.

SEAL: