



Bradford County ~ City of Starke
Building, Zoning & Planning
P.O. Box 1148 ~ 945-F North Temple Ave.
Starke, FL 32091
Phone: 904-966-6213 / 904-966-6223
Fax: 904-966-6220



SIGN APPLICATION REVIEW PROCEDURE
CITY OF STARKE

Items to be submitted to Bradford County Zoning Office

A non-refundable application review fee of \$100.00 payable to Bradford County Building Department

Completed Application

If this is a free standing/ground sign a survey prepared within the last twenty four (24) month's is required to be submitted along with application.

The City of Starke sign regulations can be found in the Land Development Code on the City's website @cityofstarke.org. The sign ordinance will be section 6-20.

CITY OF STARKE SIGN REVIEW APPLICATION

**THE SIGN PERMIT APPLICATION IS IN ADDITION TO ANY BUILDING PERMIT APPLICATION
REQUIRED BY THE FLORIDA BUILDING CODE.**

Name of Applicant: _____
Address: _____
Telephone #: _____ Fax #: _____
Email Address: _____

Property Owners Name: _____
Address: _____
Telephone #: _____ Fax #: _____
Email Address (if applicable): _____

Business Tenant Name:(if applicable) _____
Address: _____
Telephone #: _____ Fax #: _____
Email Address (if applicable): _____

Contractors Name (if applicable): _____
Address: _____
Telephone #: _____ Fax #: _____
Contractors License #: _____ Contract Value: _____
Contractors Value# \$ _____
Email Address (if applicable): _____

Address of Job Site: _____
Parcel #: _____

Lot Frontage on all streets & public right-of-ways: _____

FREE STANDING/GROUND SIGN

Free Standing Sign/s: _____ Height: _____ Width: _____ Length _____

Indicate in feet and inches the location of the sign in relation to property lines, public right-of-ways, easements, buildings and other signs on the property. Shall require a boundary survey within the last 24 months of te months of the application date, and signed and sealed by a land surveyor or engineer licensed in Florida showing the proposed location of the sign. Sign dimensions and elevation, drawn to scale. Maximum and minimum height of the sign measured from finished grade. If illuminated specifying illumination type, placement, intensity and hours of illumination.

WALL MOUNTED SIGN

Wall Mounted Sign/s: _____ Height: _____ Width: _____ Length: _____

Quantity: _____

For all wall mounted signs show the façade elevation with dimensions, drawn to scale. Windows and doors and other openings shall be delineated and their dimensions given.

Existing Sign(s) (if applicable):

Location of Existing Sign/s: _____

Number of Existing Sign/s: _____

Type of Existing Sign/s (check box to which applies):

Wall Mounted: _____ Height _____ Width _____ Length _____

Freestanding : _____ Height _____ Width _____ Length _____

Signature of Applicant or Contractor: _____

**SIGN APPLICATION FEE IS NON REFUNDABLE
FOR OFFICE USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE**

Date Filed: _____

Sign Application Number: _____

Fee Amount: _____

Receipt Number: _____

Date reviewed and notified applicant of changes or approval: _____

Approved For: _____

Approved by: _____