



# City Of Starke

## **BUILDING, ZONING & PLANNING**

*Post Office Drawer C \* 209 N. Thompson Street  
Starke, Florida 32091  
Ph.: (904) 964-5027 \* Fax: (904) 368-1311*

### **RESIDENTIAL CONSTRUCTION PERMIT INFORMATION**

1. 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.
2. 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.
3. If you are not the property owner, you must have a notarized letter of authorization from the property owner granting you permission to use the land.
4. Must provide proof of connection fees paid at the City Manager's office prior to issuance of the permit.
5. **DOCUMENTS REQUIRED IN ORDER TO BE ISSUED A RESIDENTIAL PERMIT:**
  - The completed construction application.
  - Subcontractor verification list with notarized Contractor's signature.
  - The Owner Builder or Certified 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 complete construction plans. One of which will be stamped and returned to be kept on construction site. **Requirements for Plans:** Mono-slab or stem wall, anchor bolts and spacing, any interior footings for bearing wall and required anchors, smoke detectors and c.o. locations, egress window locations, clearly indicate stud size, grade and spacing: sheeting material, thickness and nailing schedule, any bracing requirements and location, all required shear walls and anchors for same, roof framing plan and either engineered truss details showing uplift and required anchors or conventional framing details, along with uplift and required anchors. Any other requirements to meet wind loads per F.B.C. 2007 edition. . Florida Building Code 207 106.3.1.5 minimum plan review criteria and Energy 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

**RESIDENTIAL PERMIT APPLICATION**  
**PROPERTY OWNER'S INFORMATION**

PROPERTY OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

911 ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

TOTAL SQUARE FOOTAGE: \_\_\_\_\_

PARCEL ID#: \_\_\_\_\_

SECTION: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_ RANGE: \_\_\_\_\_

DIRECTIONS TO JOB SITE: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OWNER OR CONTRACTOR

DATE: \_\_\_\_\_

**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

HVAC 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

**STATEMENT OF FACT**  
**BY OWNER DESIRING TO CONSTRUCT**  
**HIS/HER OWN RESIDENCE**

Before me this day personally appeared \_\_\_\_\_ who, being duly sworn and says as follows: I have read and fully understand the provision of this instrument. The undersigned states and affirms that he/she is capable of physically constructing his/her own domicile (single family residence only), that he/she actually occupies, or will occupy the domicile, and that he/she shall comply with the following conditions.

1. **That the owner and he/she alone shall act as the contractor for all phases of construction.**
2. That the owner will comply with all provisions of the Florida Building Code and the National Electrical Code.
3. That in the event various phases of construction are sub-contracted, he/she will personally supervise such work.
4. That in the event that Building Inspectors shall require corrections to be made, the owner will assume full responsibility to insure they are made, upon completion you must call for a re-inspection before proceeding with construction.
5. That the owner shall assume full responsibility for the construction and will not expect supervision of his/her work Building Department.
6. That prior to final inspection any additional fees, including re-inspection fees, must be paid in full. A verbal request from this office, by phone or in person, shall constitute an official notice to pay additional fees.
7. That the owner shall comply with all state and federal laws in regard to Social Security, Workmen's Compensation, Liability Insurance and Federal With-holding, where applicable.
8. That the owner shall comply with all the Safety Codes issued by the Florida Industrial Commission.
9. That the owner will not sell, lease, or offer to sell or lease the domicile for a period of at least one (1) year from the date of Certificate of Occupancy.

The undersigned further agrees that he/she shall, should he/she be unable to comply with the above requirements, amend the permits, hire a licensed, bonded Building Contractor and/ or other applicable licensed and bonded sub-contractors to take over and complete the job in strict compliance with the Florida Building Code including the taking out of all necessary amendments.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
Personally known \_\_\_\_\_ or produced identification, Driver's License # \_\_\_\_\_

\_\_\_\_\_  
Owner's Printed Name

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Notary Public Signature

Seal

## **DISCLOSURE STATEMENT FLORIDA STATUTE 489.103 (7)**

State law requires construction to be done by licensed contractors; you have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license.

You must provide direct, on-site supervision of the construction yourself. You may Build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your costs do not exceed \$25,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within one (1) year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption.

You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have a license required by state law and by county or municipal licensing ordinances. You may not delegate the responsibility for supervision work to a licensed contractor who is not licensed to perform the work being done. Any person working on you're building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide worker's compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, and building codes, and zoning regulations.

# NOTICE OF COMMENCEMENT

RETURN TO:  
THIS INSTRUMENT PREPARED BY:

PROPERTY APPRAISERS PARCEL NUMBER:

\_\_\_\_\_  
SPACE ABOVE THIS LINE FOR RECORDING DATA

## STATE OF FLORIDA, COUNTY OF BRADFORD

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.

PARCEL ID NUMBER: \_\_\_\_\_

Street address of property: \_\_\_\_\_

Description of improvements: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Owner s Address: \_\_\_\_\_

Owners Interest in property: \_\_\_\_\_

Fee Simple Title Holder Name: \_\_\_\_\_

Title Holder Address: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contractor Mailing Address: \_\_\_\_\_

Surety Name: \_\_\_\_\_

Surety Mailing Address: \_\_\_\_\_

Lender Name: \_\_\_\_\_

Lender Mailing Address: \_\_\_\_\_

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.

Name: \_\_\_\_\_

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

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

Name: \_\_\_\_\_

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

Expiration date of Notice of Commencement (the expiration date is one year from time of recording).

\_\_\_\_\_  
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