



City of Starke

BUILDING, ZONING & PLANNING

904-368-1333
Post Office Drawer C * 209 N. Thompson Street
Starke, Florida 32091

INSTRUCTION FOR FILING LAND DEVELOPMENT CODE AMENDMENTS

Applications may be filed by the property owner or his/her authorized agent at the City of Starke Zoning Office, located at 209 North Thompson Street, Starke Florida, at least 30 days prior to the public hearing by the Zoning Board which meets the 3rd Monday of the month.

The application must be filed in the name of the property owner(s). If more than one name is on the deed and the owners are not being represented by an agent than each person on the deed will need to sign the application. If agent represents the owner(s) please attach notarized affidavit authorization letter to the application.

The NON-REFUNDABLE fee for a Rezoning is **\$1950.00**

The first public hearing will be heard by the City of Starke Zoning Board, they will hear the request and make recommendations to the City Commission. The Zoning Boards recommendations will not be binding on the City Commission. The City Commission will then hold the public hearings required at their regular scheduled meetings and decide to approve or deny the request.

At each of the public hearings, all interested parties may appear and be heard with respect to the request.

The Zoning Official will place a legal notice of time and place of all public hearings in the County Telegraph at least 10 days prior to the hearing. The Zoning Official will also place signs on the property and mail individual notices to each owner with-in 300 feet of the subject property.

The following information is required to be submitted along with the application:

- Copy of the Deed
- Exact Legal Description of parcel subject to the request
- 2 Copies of aerial with overlay of property at 600 scale from the Bradford County Courthouse showing entire section.
- List of property owners within 300 feet of affected property.

CITY OF STARKE

LAND DEVELOPMENT CODE APPLICATION

Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Owner's Representative (Agent), if applicable: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____

Please complete the following for the proposed amendments to the Official Zoning Map. For amendments to the text of the Land Development Code please skip to "Part II" of this application.

Part I

Legal Description: (attach deed and or survey)

Parcel Number: _____

Total acreage of land to be considered under this amendment: _____

Present use of Land: _____

Zoning District

Present: _____

Requested: _____

Part II

For amendments to the text of the Land Development Code, please provide on a separate page(s) to be attached the proposed changes to the text of the amendment.

A previous application for amendment to the Land Development Code

____ Was made with respect to this property ____ Was not made with respect to this property

Application # _____

CITY OF STARKE
LAND DEVELOPMENT CODE APPLICATION

I DO HEREBY CERTIFY THAT ALL OF THE ABOVE STATEMENTS AND STATEMENTS CONTAINED IN ANY DOCUMENTS OR PLANS SUBMITTED WITH THIS APPLICATION ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Applicant/Agent Name (Type or Print)

Applicant/Agent Name (Type or Print)

Applicant/Agent Signature

Applicant/Agent Signature

Date: _____

Date: _____

**RE-ZONING APPLICATION FEE IS NON-REFUNDABLE
FOR OFFICIAL USE ONLY – PLEASE DO NOT WRITE BELOW**

Date Filed: _____ Application # _____

Fee: \$1950.00 Paid by: ☐ Cash ☐ Check Receipt #: _____

Date of Zoning Board Hearing: _____

Date of Legal Notice: _____

Date of City Commission first reading: _____

Date of City Commission final reading and adoption: _____

City Commission Decision:
