Permit #	CITY OF STARKE B	UILDING PER	MIT APPLICATION			
Job Name:	P	arcel #				
Job Address:						
Legal Description:						
Name &		Prime Contracto Name: Address:	or			
Phone Number:						
ree Simple ride		Phone Number: Contractor's State Certification or Registration No.: Contractor's Local Certificate of Competency No.:				
Bonding Co. Name & Address:						
Mortgage ———————————————————————————————————		Architect/Engine Name & Addres				
SUB - CONTRACTOR	CO. LICENSE #		SUB - SIGNATURE			
# of Bedrooms:	Electric Company: _	Code Edition: City of Starke	Square Footage:			
installation has commental laws regulating const	ced prior to the issuance of a permit	and that all work Ind that a separa	ons as indicated. I certify that no work or will be performed to meet the standards of te permit must be secured for ELECTRICAL NKS, and AIR CONDITIONERS, etc.			
compliance with all appli WARNING TO OWNER: TWICE FOR IMPROVEMI AND POSTED ON THE JO IF YOU INTEND TO OB	cable laws regulating construction, conversely conversely construction, conversely construction, conversely conve	ontractor licensing TICE OF COMME IRED, A NOTICE ION.	and true, and that all work will be done in g and zoning. NCEMENT MAY RESULT IN YOUR PAYING OF COMMENCEMENT MUST BE RECORDED OR AN ATTORNEY BEFORE COMMENCING			
(Signature of Owner or Agent) STATE OF FLORIDA COUNTY OF Sworn to (or affirmed) and sub-	, ,					
(name of p	erson making statement)		name of person making statement)			
(Signature of Notary Public – S	State of Florida)	(Signature of Notary Public – State of Florida)				
(Print, Type, or Stamp Commis Personally Known OR Type of Identification Produced	ssioned Name of Notary Public) Produced Identification d		np Commissioned Name of Notary Public) OR Produced Identification n Produced			

_____ Permit Officer

Application Approved by: _____

OFFICE USE ONLY

PLANNING/ZONING INFORMATION										
Zone:		Land Use:								
Parcel Number:										
				Setbacks:						
Front:	Rear/Wate				Side/Corner:					
FEMA/FIRM										
Flood Zone:	REE.	N/	WD88	DFE/HAG:	E+	Freeboard: Ft.				
1 1000 Zolie.	DI L		4 V D00	DI L/IIAG	ı t.	i i eeboaiui t.				
Zoning Comments:										
					······································					
Logal Access		Daviawad	D. c.		Data					
Legal Access:		Revieweu	Reviewed By: Date:							
		SUBN	1ITTAL (CHECK LIST						
Application Complete			Provided Notice of Commence			ncement form to applicant				
Owner / Builder Affidavit					nstruction Documents – 2 sets					
Duly Licensed Contractor				Roof/Floor Tru						
Sub-Contractor(s) Listed Contractor for Agency or	Power of	Attorney		Product Appro		PL Display Card) – 3 sets				
Approved Site Plan	1 OWEI OI	recorney		DBPR Letter of						
Zoning Letter				MH Installatio		orm				
Septic Pre-Approval	C ()4	, , <u>, , , , , , , , , , , , , , , , , </u>		Site Work Per						
Ownership verification or	Copy of W				cy Approvai					
				NFORMATION						
Use Group: Cons	truction Ty	/pe:		Wind Zone:	mph	1 2 3 4 5				
[] Sprinkled NFPA		Occupant Loa	ad:	Inspecti	ion Agency: _					
SQ. FT. = Main:	Α	ttached Acces	sory:		etached Acce	essory:				
						,				
		Sq. Ft.	_ X	X CC) SF Cost	%	Calculated Fee				
	_ _		_	-						
		Sq. Ft.	_ X	X CC) SF Cost	%	Calculated Fee				
		04.10.	(-		,,					
Item:	Fee:	PERMIT FE	E:	\$						
Fire Inspection Fee		ATF 2X FEE:		\$		(Callact State Surcharge)				
Hab-Inspection		FEE OWED:		\$ ADJUSTED FEE:		(Collect State Surcharge)				
Solid Waste Driveway / Site Work		Supervisor / Date		ADJUSTED FEE.		\$				
Admin Fee / Copies										
Zoning				_ TOTAL COLI	LECTED:					
DBPR/BCAI Building			PX	Issued By:		Date:				
Gas			Date			butc				
Electrical		COMMENT	ç.							
Mechanical		COMMENT	J							
Plumbing						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Roofing Plans Review										
I IOIIO INCVICA										
TOTAL PERMIT FEE: \$										
Application Deposit \$	_									
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Permit Holder Notified: [] In Person	[] By Phone	[] Left Message [] Other		
Staff Initials:	Date:	Time:	am	pm
1 st Attempt:	2 nd Attempt:	3 rd Attempt:		