



Bradford County ~ City of Starke
Building, Zoning & Planning
P.O. Box 1148 ~ 945-F North Temple Ave.
Starke, FL 32091
Phone: 904-966-6205 / 904-966-6223
Fax: 904-966-6220



COMMERCIAL CONSTRUCTION PERMIT INFORMATION

1. Prior to Permitting you must submit a Site Plan application that has been approved, Suwannee River Water Management District Permit or St. Johns Water Management and Florida Department of Transportation Permit (if applicable) and a Flood Map.
 2. You must PROVIDE a parcel number (this identifies the property that you want to construct upon) This can be found on your tax bill:
 3. The **B.C. Building & Zoning Department** will issue a zoning certification are on your property the fee will be \$25.00 and issue a Flood Zone Designation Map 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:
 4. If not connected to municipal water and sewer, a septic tank permit must be obtained from the **B.C. Environmental Health Department, 904-964-7732**. The Health Department **MUST** initial by Septic number on application form before building permit will be issued:
 5. Road Department **MUST** initial by culvert number on application form before building permit will be issued. (904) 966-6243.
 6. If you are not the property owner, you must have a letter of authorization from the landowner Granting you permission to build on the property:
 7. **DOCUMENTS REQUIRED IN ORDER TO BE ISSUED A COMMERCIAL PERMIT:**
 - **The completed construction application:**
 - **Copy of Contract**
 - **Subcontractor verification list with notarized Contractor's signatures:**
 - **The General Contractor will pull ALL permits at the same time.**
 - **Survey showing Flood Zone verification and site plan.**
(If located within a flood zone must provide flood certificate by the time of the finish floor)
 - **Two sets of engineered plans, to include wall sections from foundation through roof:**
 - **Wind load, Energy & A/C Calculation forms:**
 - **Recorded Notice of Commencement of any project over \$2,500.00:**
 - **Warranty Deed showing ownership:**
 - **Must have a 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:**
 - **If located within the City of Starke, must provide receipts for utility connections and Impact Fee's:**
 7. The cost of the Building, Electrical, Plumbing, and HVAC permits are all based on contract value.
 8. For new electrical service, or transfer of electrical service an application shall to your ELECTRICAL POWER SERVICE PROVIDER: This could take up to three weeks.
- FPL **1-800-462-0561** CLAY - **352-473-8000 EXT 8356** CITY OF STARKE - **904-964-5027**

IF NO INSPECTION WITHIN 3 MONTHS OF ISSUANCE THIS PERMIT WILL BECOME NULL & VOID

**BRADFORD COUNTY, FLORIDA
BUILDING AND ZONING DEPARTMENT**

TIME LIMITATIONS FOR BUILDING PERMITS

The following is the policy of Bradford County, Florida concerning the time limits for construction after a building permit is issued by the Bradford County Building and Zoning Department. This policy applies to building permits issued for properties within unincorporated Bradford County as well as for properties within municipalities for which the Bradford County Building Department is responsible for issuing building permits.

1. Florida Building Code Section 104.5 Conditions of the permit states that every permit issued shall become invalid unless the work authorized by such permit is commenced within 6 months after its issuance, or if the work authorized by such permit is suspended or abandoned for a period of 6 months after the time the work is commenced.
2. Work shall be considered to be in active progress when the permit has received and improved inspection within 6 months from issuance of permit and an extension will be given for an additional 6 months from each inspection.
3. If no inspection is requested and given within three (3) months of the issuance of a building permit or three (3) months from a prior inspection by the Building Department, then the Building Department may allow up to four (4) extensions of the three (3) months each, provided that the contractor contacts the Building Department by telephone or by U.S. Mail to request the extension prior to the expiration date of the current permit.
4. If a building permit expires and no extension has been requested and granted, then the contractor will be required to reapply for the building, electrical, mechanical, and plumbing permits that were issued prior to the expiration. The contractor will be charged a re-permit fee of \$50.00 per permit.
5. The County Manager, upon a showing of good cause, may wave the reapplication fee described above or otherwise reimburse any such fees previously paid.

**BRADFORD COUNTY
COMMERCIAL PERMIT
APPLICATION**

OWNER'S INFORMATION

NAME OF PROPERTY OWNER: _____

PROPERTY OWNERS MAILING ADDRESS: _____

TELEPHONE #: _____ CELL #: _____

911 ADDRESS: _____

NAME OF POWER SERVICE PROVIDER: _____

SEPTIC NUMBER: _____ TOTAL SQUARE FOOTAGE: _____

CULVERT NUMBER: _____

DIRECTIONS TO JOB-SITE: _____

I hereby state that I have received the Time Limitations For Building Permits sheet in the Residential Packet.

SIGNATURE (OWNER/CONTRACTOR) _____

ZONING DEPARTMENT CERTIFICATION

PARCEL ID NUMBER: _____

SECTION: _____ TOWNSHIP: _____ RANGE: _____

LAND USE / ZONING CLASSIFICATION: _____

MINIMUM LOT SIZE REQUIREMENT: _____

MINIMUM LOT WIDTH: _____ FEMA FLOOD ZONE: _____

MINIMUM PROPERTY SET-BACKS:

FRONT: _____ SIDES: _____ REAR: _____

AUTHORIZED ZONING SIGNATURE: _____

DATE: _____

SUBCONTRACTOR VERIFICATION FORM

ALL PERMITS WILL BE ISSUED AT ONE TIME ALL CONTRACTOR'S MUST HAVE THEIR SIGNATURES NOTARIZED IT IS THE RESPONSIBILITY OF ALL CONTRACTOR'S TO INFORM BRADFORD COUNTY BUILDING DEPARTMENT IN WRITING IF YOU WILL BE REMOVED FROM THIS PROJECT: ALL CONTRACTOR'S MUST BE HAVE CURRENT LICENSE AND INSURANCE WITH THIS OFFICE PRIOR TO ISSUANCE OF PERMIT.

Contractor Company Name: _____

Signature

Contract Value

Sworn to and subscribed before me this _____ day of _____ A.D. 20____

Notary Public _____, Commission

Electric Contractor Company Name: _____

Signature

Contract Value

Sworn to and subscribed before me this _____ day of _____ A.D. 20____

Notary Public _____, Commission

Plumbing Contractor Company Name: _____

Signature

Contract Value

Sworn to and subscribed before me this _____ day of _____ A.D. 20____

Notary Public _____, Commission

HVAC Contractor Company Name: _____

Signature

Contract Value

Sworn to and subscribed before me this _____ day of _____ A.D. 20____

Notary Public _____, Commission

NOTICE OF COMMENCEMENT

RETURN TO:

THIS INSTRUMENT PREPARED BY:

PROPERTY APPRAISER'S PARCEL ID 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 1 year from the date of recording)

Signature of Owner _____

Printed Signature of Owner _____

APPLY NOTARY SEAL HERE

I have relied on the following identification of the Affiant:

Sworn to and subscribed before me this _____

day _____ of _____ 2009

Notary Signature _____

Printed Notary Signature _____