



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



RESIDENTIAL CONSTRUCTION PERMIT INFORMATION

1. You must PROVIDE a parcel number (this identifies the property in which the construction will take place) This can be found on your tax bill.
2. The **B.C. Building & Zoning Department** will issue a zoning certification 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.**
3. 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.
4. If you are not the property owner, you must have a notarized letter of authorization from the property landowner granting you permission to build on the land.
5. Road Department **MUST** initial by culvert number on application form before building permit will be issued. (904) 966-6243.
6. **DOCUMENTS REQUIRED IN ORDER TO BE ISSUED A RESIDENTIAL PERMIT:**
 - The completed construction application:
 - Subcontractor verification list with notarized Contractor's signatures:
 - The Owner Builder or General Contractor will pull **ALL** the permits at the same time:
 - Survey showing Flood Zone and site plan showing setbacks from property lines:
 - Two sets of blueprints, which must include wall section from foundation through roof:
 - Recorded Notice Commencement of any project over \$2,500.00:
 - Warranty Deed showing ownership:
 - Energy form, Manual J form, and Wind Load Calculations form:
 - If in a Flood Zone A or AE, a Floodplain Development Permit Application will need to be Submitted with construction application.
 - **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:
7. The cost of the Building permit is based on square footage; Electrical, Plumbing, HVAC are based on contract value. Before a final is given on new construction, the prorated portion of the solid waste special assessment must be paid at the Building Department.
8. For new electrical service, or transfer of electrical service you must submit an application 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
RESIDENTIAL 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

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

STATE OF FLORIDA
COUNTY OF BRADFORD

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 from the Bradford County 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. Type of identification produced Driver's License Number _____.

Owner's Printed Name _____
Owner's Signature

Address **City** **State** **Zip**

Notary Public Signature _____
My Commission Expires:

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 person's 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 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 _____