

Union County Building Department
15 Northeast 1st Street, Lake Butler, FL 32054 · Phone: 386-496-2676 · Fax: 386-496-4240

Items Require of Commercial Building

- -Letter of Compliance from town of Raiford, City of Lake Butler or Town of Worthington Springs.
- -Culvert permit or letter of non-permit requirement (Copy of Application from D.O.T)
- -Sewer & Water tap-in receipt from the City of Lake Butler
- -Survey & Legal description of property
- -Notice of Commencement. Must be recorded in Clerk's Office.
- -If in Flood Zone, need base flood elevation and Flood Elevation Certification with first floor elevation prior to issuance permit
- -Commercial building must submit a copy of a permit from Suwannee River Water Management District.
- -For owner/builder acting as his/her own contractor and claiming exemption you must complete and sign a disclosure statement with this office
- -Subcontractor verification form must be completed.

Note:

All contractors and subcontractors must be licensed with this office prior to issuance of permit.

No permits will be issued until all the County and State requirements are turned into this office.

STATE MINIMUM PLAN REQUIREMENTS

- -Two sets of drawings, (Drawn to scale with specifications and details in sufficient clarity, Square footage of all areas). (Sealed & Signed).
- -Site plan: (Dimensions of lot, building setbacks, location of well & septic and all other buildings on the lot).
- -Elevations: (All sides with dimensions and roof pitch).
- -Floor plan: (Rooms labeled with dimensions, window & door size, fireplace details, stair details).
- -Foundation plan (What type, footing dimensions & reinforcing, location of load bearing walls, location of any vertical steel).
- -Wall sections: (All material type & size, nailing, header size, bracing, truss anchors, straps, bolts & washers).
- -Floor framing system design (If applicable).
- -Plumbing fixture layout.
- -Electrical layout: (Location of service panel, smoke detectors, ceiling fans, gfci outlets).
- -Energy calculations
- -Air conditioning information, manual J.
- -Wind load calculations for a minimum of 130 mph. (Sealed & Signed).
- -Truss layout & Truss details

NOTE:

This list of requirements is requested before issuance of permit.

PARCEL #				
PROPERTY OWNERS NAME:				
MAILING ADDRESS:				
911 ADDRESS:				
PHONE #: _ ()				
CONTRACTOR NAME:				
BUSINESS NAME & ADDRESS :				
LICENSE #:				
CONTRACTOR PHONE #: ()				
TOTAL SQ FT: ESTIMATED COST: _\$				
ELECTRICAL CONTRACTOR NAME:				
LICENSE #:				
POWER COMPANY: F.P.L OR CLAY ESTIMATED COST: \$				
HAVAC CONTRACTOR NAME:				
LICENSE #:				
ESTIMATED COST: \$				
PLUMBING CONTRACTOR:				
LICENSE #:				
ESTIMATED COST: \$				

SUBCONTRACTOR VERIFICATION

SUBMITTED BY	DATE			
Union County issues co	ombination permits where o	ne permit covers a	ll trades doing work at one site. It	
is necessary that we ha	ave documentation of the su	bcontractors who	actually did the trade specific work	
under the general conf	tractor's permit. It shall be th	he responsibility of	the general contractor to make	
sure that the subcontr	actors are licensed with the	Union County Build	ding Department.	
Please Note: A person	may not, in any matter with	in the jurisdiction	of the Department of State	
knowingly and willfully	falsify or conceal a material	l fact, make any fal	se or fictitious statement or	
representation, or mal	ke use any false document k	nowing the same to	o contain any false, fictitious, or	
	• •	_	uilty of a misdemeanor of the	
<u> </u>	able as provided in s. 775.08			
	committed in violation of this	s section is 5 years	from the date the act was	
committed.				
General Contractor:				
	NAME		STATE LICENSE	
Company Name:				
	PLEASE PRINT		PHONE #	
Electrical Contractor	:			
	NAME		STATE LICENSE	
Company Name:				
	PLEASE PRINT		PHONE #	
HVAC Contractor:				
	NAME		STATE LICENSE	
Company Name:				
	PLEASE PRINT		PHONE #	
Plumbing Contractor	r:			
	NAME		STATE LICENSE	
Company Name:				
	PLEASE PRINT		PHONE #	
Roofing Contractor:	-			
	NAME		STATE LICENSE	
Company Name				
	PLEASE PRINT		PHONE #	
General Contractor				
Signature		Date:		
Notary:		Date	e:	