



Mailing: 25440 W Newberry Rd  
Newberry, Florida 32669  
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www.NewberryFL.gov

STAFF USE ONLY

## RESIDENTIAL PERMIT APPLICATION

**PERMIT EXPIRES 180 DAYS FROM THE DATE OF ISSUE**

ALL PLANS MUST COMPLY WITH 2020 FLORIDA BUILDING CODES, SEVENTH EDITION, 2017 NEC,  
CITY OF NEWBERRY CODE OF ORDINANCES & LAND DEVELOPMENT REGULATIONS

### APPLICANT/CONTRACTOR INFORMATION

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Contractor Name \_\_\_\_\_

License Number \_\_\_\_\_ Contractor Phone \_\_\_\_\_

### PROPERTY INFORMATION

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Parcel Number \_\_\_\_\_

Job Address \_\_\_\_\_ Subdivision \_\_\_\_\_

\_\_\_\_\_ Zoning \_\_\_\_\_

Unit # \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Use \_\_\_\_\_

Setbacks: Front \_\_\_\_\_ Rear \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_

### PROJECT INFORMATION

Use of Building \_\_\_\_\_ Classification of Work \_\_\_\_\_  
(Single Family/Duplex/Other) (New Construction/Remodel/Addition)

Beds \_\_\_\_\_ Baths \_\_\_\_\_ Total Heated Area \_\_\_\_\_ SF Total Area \_\_\_\_\_ SF

Foundation Type \_\_\_\_\_ Wall Type \_\_\_\_\_ Roof Type \_\_\_\_\_

Number of Stories \_\_\_\_\_ Value of Work \$ \_\_\_\_\_

Description of work:

Located in the Historic Little Red School House  
25815 S.W. 2nd Avenue

**WARNING TO OWNER**

A Notice of Commencement must be recorded and posted on the job site before first inspection. Your failure to record a Notice of Commencement may result in you paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement.

**OWNER / CONTRACTORS AFFIDAVIT**

I have carefully read and examined this application and the information contained within is true and correct to the best of my knowledge and belief. I certify that no work has commenced prior to the issuance of a permit, and that all work will comply with the City of Newberry and laws of the State of Florida, whether specified or not. **I will notify the City of Newberry 24 hours in advance for all inspection requests.** No work will be concealed before approval is issued.

***Consent is given for the entry of authorized inspections until the job has received a Certificate of Occupancy or Certificate of Completion.***

|                 |                      |       |
|-----------------|----------------------|-------|
| _____           | _____                | _____ |
| Contractor Name | Contractor Signature | Date  |
| Please Print    |                      |       |

|                       |                            |       |
|-----------------------|----------------------------|-------|
| _____                 | _____                      | _____ |
| Owner-Contractor Name | Owner-Contractor Signature | Date  |
| Please Print          |                            |       |