



Mailing: 25440 W Newberry Rd
Newberry, Florida 32669
Tel: 352-472-2161 Ext. 3
www.NewberryFL.gov

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 Newberry FL 32669



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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 request. 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
Please Print

Contractor Signature

Date

Owner-Contractor Name
Please Print

Owner-Contractor Signature

Date