



Mailing: 25440 W Newberry Rd
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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 Please Print	Contractor Signature	Date

Owner-Contractor Name Please Print	Owner-Contractor Signature	Date

NEW RESIDENTIAL PERMIT APPLICATION LIST

ALL PERMIT APPLICATIONS SHALL INCLUDE THE FOLLOWING DOCUMENTS AND BE SUBMITTED IN THE ORDER LISTED BELOW.

ALL DOCUMENTS MUST BE COMPLETED AND INCLUDED WITH THE APPLICATION PACKET BEFORE THE PERMIT APPLICATION WILL BE PROCESSED.

SUBMIT TWO SEPERAT PACKETS COMPLETE AND ORGANIZED IN THE FOLLOWING ORDER:

1. Completed and signed Permit Application
2. Proof of Ownership or Copy of Warranty Deed
3. Site Plan
 - a. Location of structure, property line, etc.
4. Sub-contractor Verification Form completed and signed
5. Signed and sealed Windload Engineering
6. Singed and sealed Truss Engineering
 - a. Details and layout
7. Drawings, plans, elevations
 - a. See plan requirement checklist
8. Manual J & Manual D
9. Energy Calculations completed packet including checklist
10. Florida Product Approval Form & Installation Instructions
 - a. All windows, exterior doors, garage doors, roofing material, fireplaces, etc.
11. Attic Ventilation Calculations
12. Notice of Commencement recorded with Alachua County Clerk of Court

Contact the Building Department with any questions.

RESIDENTIAL MINIMUM PLAN REQUIREMENTS AND CHECKLIST FOR FLORIDA RESIDENTIAL BUILDING CODE 6th EDITION (2017)

ALL REQUIREMENTS SUBJECT TO CHANGE

EFFECTIVE JUNE 30, 2015

ALL BUILDING PLANS MUST INCLUDE THE FOLLOWING ITEMS AND INDICATE COMPLIANCE WITH SECTION 301 OF THE FLORIDA RESIDENTIAL BUILDING CODE 7th ED. (2020) BY PROVIDING CALCULATIONS AND DETAILS THAT HAVE THE SEAL AND SIGNATURE OF A CERTIFIED ARCHITECT OR ENGINEER REGISTERED IN THE STATE OF FLORIDA.

THE FOLLOWING BASIC WIND SPEED AS PER FIGURE 1609 SHALL BE USED.

- | | |
|--|---------|
| 1. RISK CATEGORY I (POLE BARNs, ACCESSORY BUILDINGS) | 120 MPH |
| 2. RISK CATEGORY II (RESIDENCES) | 130 MPH |

NO AREA IN ALACHUA COUNTY IS IN A WIND-BORNE DEBRIS REGION.

GENERAL REQUIREMENTS: Two (2) complete sets containing the following:

Applicant	Plans Examiner	
_____	_____	All drawings must be clear, concise, and drawn to scale (“optional” details that are not used shall be marked void or crossed off). Square footage of heated area and unheated area shall be on plans.
_____	_____	Designer’s name and signature on document. If licensed architect or engineer, official seal shall be affixed.
_____	_____	Site Plan including:
_____	_____	a) Dimensions of lot
_____	_____	b) Dimensions of building setback
_____	_____	c) Location of all other buildings on lot, well and septic tank if applicable, and all utility easements.
_____	_____	Wind-load Engineering: Summary, calculations, and any details required <u>including lateral loads and horizontal forces.</u>
_____	_____	Elevations including:
_____	_____	a) All Sides including height of building
_____	_____	b) Roof Pitch,
_____	_____	c) Overhang dimensions and detail with attic ventilation,

Applicant

Plans Examiner

Elevations including: (Cont'd)

_____ _____ d) Location, size, and height above roof of chimneys

_____ _____ e) Location and size of skylights

Floor Plan including:

_____ _____ a) Rooms labeled and dimensioned

_____ _____ b) Shear walls

_____ _____ c) Windows and Doors: attach Product Approval Specification Sheet along with manufacturer's installation requirements (FBC1715.5) and safety glazing where needed

_____ _____ d) Fireplaces (gas appliance (vented or non-vented) or wood-burning) with hearth

_____ _____ e) Stairs with dimensions (width, tread and riser) and detail of guardrails and handrails

_____ _____ f) Garage separation material (wall /ceiling, wall /deck, and garage doors)

Foundation plan including:

_____ _____ a) Location of all load bearing walls with required footings indicated as standard or monolithic and their dimensions and reinforcing

_____ _____ b) All post and/or column footing including size and reinforcing

_____ _____ c) Any special support required by soil analysis such as piling

_____ _____ d) Location of any vertical steel

_____ _____ e) If alternative method of soil treatment is used for termite protection, it shall be noted on plans

Roof System:

Truss Package including:

_____ _____ 1) Truss layout and truss details. Truss package shall be signed and sealed by a Florida registered Professional Engineer (raised seal) and submitted with the original permit application. Include axial loads as required by FBC 2303.4.1.

_____ _____ 2) Roof assembly (FBC 106.1.1.2 Roofing system, materials, manufacture, fastening requirements and product evaluation with wind resistance rating)

Applicant **Plans Examiner**

Roof System: (Cont'd)

Conventional Framing Layout including:

- | | | |
|-------|-------|--|
| _____ | _____ | 1) Rafter size, species, and spacing |
| _____ | _____ | 2) Attachment to wall and uplift |
| _____ | _____ | 3) Ridge Beam sized and valley framing and support details |
| _____ | _____ | 4) Roof assembly (<u>FBC 106.1.1.2</u> Roofing system, materials, manufacture, fastening requirements and product evaluation with wind resistance rating) |

Wall Sections including:

Masonry wall

- | | | |
|-------|-------|---|
| _____ | _____ | 1) All materials making up wall |
| _____ | _____ | 2) Block size and mortar type with size and spacing of reinforcement |
| _____ | _____ | 3) Lintel, tie-beam sizes and reinforcement |
| _____ | _____ | 4) Gable ends with rake beams showing reinforcement or gable truss and wall bracing detail |
| _____ | _____ | 5) All required connectors with uplift <u>and lateral ratings</u> and required number and size of fasteners for continuous tie from roof to foundation |
| _____ | _____ | 6) Roof assembly shown here or on roof system detail (<u>FBC 106.1.1.2</u> Roofing system, materials, manufacturer, fastening requirements and product evaluation with wind resistance rating) |

Wood Frame wall

- | | | |
|-------|-------|--|
| _____ | _____ | 1) All materials making up wall |
| _____ | _____ | 2) Size and species of studs |
| _____ | _____ | 3) Sheathing size type and nailing schedule |
| _____ | _____ | 4) Headers sized |
| _____ | _____ | 5) Gable end showing balloon framing detail or gable truss and wall hinge bracing detail and lateral bracing |
| _____ | _____ | 6) All required connectors with uplift <u>and lateral ratings</u> and required number and size of fasteners for continuous tie from roof to foundation (truss anchors, straps, anchor bolts and washers) |

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Wood Frame wall (Cont'd)

<hr/>	<hr/>	7) Roof assembly shown here or on roof system detail (<u>FBC 106.1.1.2</u> Roofing system, materials, manufacturer, fastening requirements and product evaluation with wind resistance rating)
		Metal Frame wall and roof (Designed and sealed by Florida Registered Professional Engineer or Architect)

Floor Framing System:

<hr/>	<hr/>	a) Floor truss package including layout and details signed and sealed by FL Reg. PE
<hr/>	<hr/>	b) Floor joist size, species and spacing
<hr/>	<hr/>	c) Girder size and species
<hr/>	<hr/>	d) Attachment of joist to girder
<hr/>	<hr/>	e) Windload requirements where applicable

Plumbing fixture layout

Electrical layout including:

<hr/>	<hr/>	a) Switches, outlets/receptacles, lighting, all required GFCI outlets identified
<hr/>	<hr/>	b) <u>All outlets in bedrooms combination AFCI</u>
<hr/>	<hr/>	c) Ceiling fans
<hr/>	<hr/>	d) Smoke detectors
<hr/>	<hr/>	e) Service-panel and sub-panel size and locations(s)
<hr/>	<hr/>	f) Meter location with type of service entrance (overhead or underground)
<hr/>	<hr/>	g) Appliances and HVAC equipment
<hr/>	<hr/>	h) Name of electrical power company that will provide service

Applicant

Plans Examiner

Heating, Ventilation and Air Conditioning Information Containing the Following:

a) Manual J sizing equipment or equivalent computation

b) Manual D sizing duct or equivalent with duct layout (include location & size of return)

c) Exhaust fans in bathrooms

Energy Calculations (dimensions shall match plans)

Gas System Type (LP or Natural) Location and BTU demand of equipment

I have completed this checklist accurately and acknowledge that if omissions or errors are found by the Plans Examiners they will cause delays in the processing of my permit and may result in additional fees.

Signature of Applicant _____

Date _____

BUILDING DEPARTMENT USE ONLY

_____ Approved for permit

_____ Incomplete

_____ Not approved

_____ Additional documentation is required

Comments:

Building Official Signature _____

Date _____