



City of Port St. Lucie Building Department
 121 SW Port St. Lucie Blvd • Port St. Lucie, FL 34984
 772-871-5132 • Web Site: <http://www.cityofpsl.com>
 To Schedule Inspections Call: 871-5270

Commercial Building Permit Application

Construction under this permit will be done in accordance with the FBC 2007 w/ 2009 Amendments

PERMIT #: _____ **CONFIRMATION. #** _____ **C #:** _____

ZONING ID# P-		PARCEL ID#			S.L.W. YES <input type="checkbox"/> NO <input type="checkbox"/>	
PROPERTY ADDRESS:				PROJECT NAME/PLAZA NAME:		
LEGAL DESCR.	SECTION	BLOCK	LOT	TRACT/OTHER:		
OWNER:		MAIL ADDRESS		ZIP	PHONE CELL	
BUSINESS OWNER:		MAIL ADDRESS		ZIP	PHONE	
CONTRACTOR:		MAIL ADDRESS		ZIP	STATE LIC. #	EXP. DATE:
CONTRACTOR E-MAIL:		PHONE:	FAX	CONTACT PERSON:		
		CELL:		PHONE:		
ARCHITECT:		MAIL ADDRESS		PHONE:	LIC. #	E-MAIL:
ENGINEER:		MAIL ADDRESS		PHONE:	LIC. #	E-MAIL:
DESCRIBE WORK:					HEALTH DEPT#	
					FIRE SPRINKLERS	
					# OF STORIES	
					ELEVATOR	
SPECIAL CONDITIONS:					OCCUPANCY GROUP	
NAME OF BUSINESS:					TOTAL SQ. FT. OF BLDG.	
PLEASE SPECIFY TENANT IMPROVEMENT: NEW <input type="checkbox"/> REMODEL EXISTING <input type="checkbox"/>					CITY WATER	
CHANGE OF OCCUPANCY: YES <input type="checkbox"/> NO <input type="checkbox"/>			SHELL PERMIT: YES <input type="checkbox"/> NO <input type="checkbox"/>			CITY SEWER
CLASS OF WORK: NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/>				SEPTIC TANK	UTILITIES	
Valuation:	Applied Date:	Rec'd By	Reviewed by/Date:			

THIS PERMIT BECOMES NULL AND VOID IF CONSTRUCTION OR WORK AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the forgoing information is accurate and that all work will be done in compliance with all applicable laws regulating to construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT

Signature of Contractor _____ Date _____ Signature of Owner (if Owner Builder) _____ Date _____

Print Name _____ Print Name _____

Notary As to Contractor: _____ Notary as to Owner or Agent: _____

Sworn before me on this _____ day of _____, 20____
 Personally known _____ Produced ID _____ Type of ID _____

Permit Validation: Chk. M.O. Cash
 Batch # _____ Item # _____ Check # _____