



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

Contractor Affidavit for Expired or Voided Permits

PERMIT # _____

PROPERTY ADDRESS				
LEGAL DESCR	SECTION	BLOCK	LOT	Parcel ID#
OWNER		MAIL ADDRESS	ZIP	PHONE CELL
CONTRACTOR		MAIL ADDRESS	ZIP	STATE LIC. # PSL COMP #
CONTRACTOR E-mail Address		PHONE	FAX #	CELL

Commercial: Residential:

I, _____, contractor for **EXPIRED / VOIDED** Permit # _____,
 Understand that pursuant to FBC 109.5, *"It shall be the duty of the permit holder to provide access to and means for inspections of such work that are required by this code"*.

I have made attempts to contact the property owner for access on: (all proof of correspondences must be attached)

Date: _____ Method of Contact: _____

Date: _____ Method of Contact: _____

Date: _____ Method of Contact: _____

Date: _____ Method of Contact: _____

Further, I understand that this may result in a Special Magistrate Hearing for the property owner if compliance is not met and that I may be called to testify.

 Signature of Contractor Date Print Name

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

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

THIS FORM MUST BE APPROVED BY A SUPERVISOR: _____
 (Supervisors Initials)