



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

Electrical Permit

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

PERMIT # _____ CONFIRMATION # _____

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

Commercial: Residential:

Detailed description of proposed work: _____

Detailed location of proposed work: (example: Interior, exterior, bedroom, bathroom, or kitchen) _____

Site Lighting YES * NO

* If Yes, how many light poles: _____

Valuation: \$	Applied Date:	Rec'd By:	Reviewed by/Date	PERMIT FEE:
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***Plan Review only:** Rough _____ Final _____ Plans Examiner ID: _____ Initial: _____

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 # _____	

MUST BE COMPLETELY FILLED OUT

Form created 10/04/2010
revised 03/15/2012