



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

**Exterior Door
Permit Application**

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 CELL |
| CONTRACTOR | | MAIL ADDRESS | ZIP | STATE LIC. # PSL COMP # |
| CONTRACTOR E-mail Address | | PHONE | FAX # | CELL |

Commercial: Residential:

Manufactured By: _____
NOTE: Must attach 2 copies of the manufactures specifications, product approval, and installation instructions with this application.

Number of this manufactures type doors to install: _____

Location of new door(s): Front Rear Side All

Type of door: Sliding Glass Swing Impact Non-Impact*
** A separate shutter permit may be required if glazed.*

Any Structural alteration to an opening or wall would require an Engineers sealed plan and separate permit.

| | | | | |
|------------------|---------------|-----------|------------------|--------------------|
| Valuation: \$ | Applied Date: | Rec'd By: | Reviewed by/Date | PERMIT FEE: |
|------------------|---------------|-----------|------------------|--------------------|

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 11/22/2010 rev 3/15/12