



**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

# Insulation Permit Application

Construction under this permit will be done in accordance with the FBC 2010

PERMIT # \_\_\_\_\_ CONFIRMATION # \_\_\_\_\_

MUST BE COMPLETELY FILLED OUT

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
ARCHITECT/ENGINEER		MAIL ADDRESS	PHONE	LIC # E-MAIL ADDRESS

Commercial:  Residential:

Type of Insulation:  Loose Fill  Batten  Spray Foam  Foam board

Location:  Ceiling  Walls  Other \*please specify: \_\_\_\_\_

R-Value of Ceiling: \_\_\_\_\_

R-Value of Wall: \_\_\_\_\_

Valuation: \$	Applied Date:	Rec'd By:	Reviewed by/Date	<b>PERMIT FEE:</b>
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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: _____	
State of Florida County of _____		
Sworn before me on this _____ day of _____, 20____		
Personally known _____	Produced ID _____	Type of ID _____

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