



**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

# Miscellaneous Permit Application

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

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
ARCHITECT/ENGINEER		MAIL ADDRESS		PHONE LIC # E-MAIL ADDRESS
Commercial: <input type="checkbox"/> Residential: <input type="checkbox"/>				
Describe the proposed work in detail: _____				
_____				
Detailed location of proposed work: _____				
_____				
Valuation: \$	Applied Date:	Rec'd By:	Reviewed by/Date	<b>PERMIT FEE:</b>
<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.</p>				
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 _____				

MUST BE COMPLETELY FILLED OUT

Form Created 11/15/2011 updated 03/26/2012

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