



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

**In-ground Pool / Spa / Hot Tub
Modification or Renovation
Permit Application**

Construction under this permit will be done in accordance with 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

Commercial: Residential: Barrier Type: _____

Removal / Modification and or addition of: (check all that apply)

Steps Swim-out Ladders Handrail Slides Diving Boards Water Feature Other: _____

Removal or Replacement of patio deck in excess of 20 sq. ft.: Yes No If yes, give total: _____

Adding any sq. footage to existing patio deck: Yes No If yes, give total: _____

Change of pool lighting: Replacement of light niche: Relocation of pool equipment:

Adding/ relocating / replacing/ reconfiguring any safety feature such as child barrier, fence, or alarm: Yes No

Removal/ replacement of screen enclosure: Yes No

Replacement of pool pump motor that requires wiring and or breaker change or circuit modification: Yes No

Replacement or modification of pool drainage system and or recirculation system: Yes No

Items not listed above may require a permit. These items will be determined by plan review on a case by case situation.

Please describe proposed work: _____

Valuation: \$	Applied Date:	Rec'd By:	Reviewed by/Date	PERMIT FEE:
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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: Batch #	Chk. Item #	M.O. Check #	Cash
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Form created 03/08/2011 updated 03/26/2012 ltv