



**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

**Commercial  
Privacy Wall / Fence  
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

Detailed description of proposed work: \_\_\_\_\_

Type of wall/ Fence material: (check all that apply)

Concrete  Chainlink  Wood  Vinyl/PVC  Wrought Iron  Other: *Please describe* \_\_\_\_\_

Height: \_\_\_\_\_

Length: \_\_\_\_\_

Footing Size: \_\_\_\_\_

Is wall / fence installed as a pool barrier? No:  Yes:

**\*\*If yes, walls/ fences used as a pool barrier must be inspected to verify compliance with FBC 4101.17 and must include a Pool Alarm / Barrier Affidavit with application.**

Wall / Fence is being installed on a corner lot: No:  Yes:

Copy of an approved site plan from Planning and Zoning showing intended location of wall / fence must be attached to this application.

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

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 #	

MUST BE COMPLETELY FILLED OUT

Form created 03/08/2011 updated 03/26/2012 ty