



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

Skylight 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 E-MAIL ADDRESS
				LIC #
Commercial: <input type="checkbox"/> Residential: <input type="checkbox"/>				
Manufactured by: _____				
<i>NOTE: Must attach a copy of the manufactures specifications, product approval, and installation instructions with this application.</i>				
Number of Skylights to replace or install: _____				
Type of Skylight: Impact: <input type="checkbox"/> Non-impact: <input type="checkbox"/> * a separate shutter permit may be required.				
<i>Any structural alteration to an opening would require an engineer's sealed plan and a separate structural opening permit.</i>				
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: _____
 State of Florida
 County of _____

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 #

Form Created 09/20/2011 updated 03/27/2012 ty