



**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

# Structural Opening 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		STATE LIC. # PSL COMP #
CONTRACTOR E-mail Address		PHONE	FAX #	CELL
ARCHITECT/ENGINEER		MAIL ADDRESS		PHONE LIC # E-MAIL ADDRESS

Commercial:  Residential:

Description of work: (ex., new door/window opening, enlarge/decrease opening, fill/close up opening) \_\_\_\_\_

Detailed description of proposed work, including dimensions: \_\_\_\_\_

Detailed location of proposed work: (ex., interior, exterior, front, side, rear, or roof) \_\_\_\_\_

Does this opening involve a "fire rated" wall?  Yes  No \*Note: A fire rated wall is considered a structural wall

Sub-permits may be required for each trade depending on location of opening.

NOTE: All structural work must have a prescribed detailed method of construction sealed by a florida licensed architect or structural engineer. A copy must be attached to this permit application when application is submitted.

Valuation: \$	Applied Date:	Rec'd By:	Reviewed by/Date	<b>PERMIT FEE:</b>
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This section to be filled in by Plan Review. Inspections required: \_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_/\_\_\_ Final\_\_\_ Plans Examiner ID: \_\_\_\_\_ Initial\_\_\_

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. Batch #	M.O. Item #	Cash Check #
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Form Created 08/29/2011 updated 03/28/2012 fiv