



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

Sub Contractor Permit

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

PERMIT # _____ CONF # _____ MASTER PERMIT # _____

MUST BE COMPLETELY FILLED OUT

PROPERTY ADDRESS				
LEGAL DESCR	SECTION	BLOCK	LOT	Parcel ID#
OWNER		MAIL ADDRESS		ZIP PHONE
CONTRACTOR		MAIL ADDRESS		ZIP STATE LIC. # PSL COMP #
CONTRACTOR E-mail Address		PHONE	FAX #	

Commercial: Residential:

I hereby authorize the following contractor or individual to include me as a subcontractor for the referenced job.

_____ License #: _____

(Print name of authorized **Master Permit Holder** or Property Owner)

Check Type of Work:

Plumbing: Gas: Electrical: Mechanical:

Insulation: Specialty: _____

(specify)

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 foregoing 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 # _____
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Form created 09/08/2010 updated 03/28/2012 tyv