



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

Water Heater Replacement

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

PERMIT # _____ CONF # _____

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:

Size: _____ Gal. *Tankless: * Plan Review required and must include Manufacturer Specs.

Electric: Gas: Solar:

Other:

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.

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 08/24/2010 updated 03/28/2012