



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 <http://pandapublicweb.cityofpsl.com>

Credit Conf# _____
A/C Permit Application

Must attach rating verification
 form per Energy Code 101.4.7

Construction under this permit will be done in accordance with the FBC 6th Edition (2017) and FEC

PERMIT # _____ PIN # _____

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

Commercial: Residential: ****Equipment replacement requires AHRI's****

Replacement Equipment OR New Equipment (not a replacement) *Plan review required

Condenser make/model # _____ Tonnage _____
 Air Handler make/model # _____
 Package Unit make/model # _____ Tonnage _____
 Heat Strip K.W. _____

**All applications MUST be submitted with the AHRI's
 ***Application along with AHRI's must be placed on the jobsite at time of inspection

Duct System: Replacement Modified Existing New - (plan review required for all new duct work)

_____ I acknowledge that I am responsible to notify the Building Official when work is ready for inspection per F.S.S. 109.5 and failure to comply will result in notifications to the Department of Business and Professional Regulations.

Equipment breaker size and circuit ampacity shall comply with manufacturer specifications and N.E.C. 2014

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 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 (**Only if Owner-Builder**) Date

Print Name

Print Name

NOTARY PUBLIC, State of Florida [NOTARIAL SEAL]

State of Florida
County of _____

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization this ___ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.

Payment Method: _____ Last 4 or Check #: _____ Receipt #: _____

MUST BE COMPLETELY FILLED OUT

Form Created 08/29/2011 01/24/19