



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>

Child Safety Barrier

For Swimming Pool Application

Construction under this permit will be done in accordance with the FBC 6<sup>th</sup> Edition (2017)

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
ARCHITECT/ENGINEER		MAIL ADDRESS		PHONE LIC # E-MAIL ADDRESS

MUST BE COMPLETELY FILLED OUT

Child Safety Barriers must be inspected to verify compliance with Florida Residential Code 4501.17 and must include a signed and notarized Pool Alarm/Barrier Affidavit.

Safety Barrier Height: \_\_\_\_\_

Is Safety Barrier removable? YES NO

Copy of plot plan or survey showing intended location of the safety barrier **must be** attached to this application.

Manufactured by: \_\_\_\_\_

*NOTE: Must attach a copy of manufactures specifications, product approval, and installation instructions with this application.*

Valuation: \$	Applied Date:	Rec'd By:	Reviewed by/Date	<b>PERMIT FEE:</b>
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THIS PERMIT BECOMES NULL AND VOID IF CONSTRUCTION OR WORK AUTHORIZED IS NOT COMMENCED WITHIN 180 DAYS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS 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.

Form Created 10/14/2011 updated 01/16/20 YP

Payment Method: \_\_\_\_\_ Last 4 or Check #: \_\_\_\_\_ Receipt #: \_\_\_\_\_

