



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>

Construction Trailer Permit Application

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

PERMIT # _____ PIN # _____ C# _____

MUST BE COMPLETELY FILLED OUT

PROPERTY ADDRESS:				Trailer #:	
				Project Name:	
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	

***A copy of a site plan approved by the Planning and Zoning Department showing the location of the construction trailer(s) is required with this application.**

Size of Trailer ____ x ____

- Single wide
 Double wide
 Triple wide

Will this construction trailer require any of the following, if yes, a separate sub permit will be required for each:
 (check type of work)

- Plumbing*
 Gas
 Electric
 A/C

*Will need an approval from the Utilities Department if you have any plumbing or sewage connected

Storage Boxes, Conex Boxes, and P.O.D.S. are not considered construction trailers.

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 #: _____