



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

Garage Conversion Permit Application

Construction under this permit will be done in accordance with the FBC 6th 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 E-MAIL ADDRESS	LIC#

MUST BE COMPLETELY FILLED OUT

Total Sq. footage of garage prior to conversion: _____ Total Sq. footage of garage to be converted: _____

Future use of converted garage space: _____
(example: bedroom, family room, den or storage)

Is home on: City Sewer - No Yes If yes, account #: _____

Septic - No Yes If yes, need Health Department approval (bedroom additions only)

Overhead garage door to remain: Yes: No:

Will this conversion include any of the following: (check all that apply)

Electric A/C Plumbing Gas Insulation

**If yes to any of the above, then a separate permit is required for each.

This application must include a floor plan of the converted space.

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 _____

[NOTARIAL SEAL]

NOTARY PUBLIC, State of Florida
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 #: _____