



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

Opening Protection/
Shutter Permit
Application

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

PERMIT # _____ CONFIRMATION # _____

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: []

Manufactured by: _____

Note: Must attach a copy of the manufacture's specifications, product approval, and installation instructions with this application

Number of Openings to shutter: _____

**The permit application must be accompanied by a floor plan that shows the exact location and dimension of every opening proposed to be protected. For two stories structure, please provide a separate floor plan for every story.

Type of shutter: [] Accordion [] Panels [] Motorized [] Plywood (installed per Chap. 16 of the FBC)

**An electric permit shall be required if electric is used to operate shutters. Any structural alteration to an opening or wall will require an Engineers sealed plan and a separate permit.

Valuation: \$ Applied Date: Rec'd By: Reviewed by/Date PERMIT FEE:

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 03/08/2011 updated 06/17/20 VP