



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

Miscellaneous 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 LIC # E-MAIL ADDRESS

Commercial: [] Residential: []

Describe the proposed work in detail:

Detailed location of proposed work:

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.

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.

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 11/15/2011 updated 01/17/20 YP