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

Residential Change of Use Application

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

PERMIT #_____ PIN #_____

MUST BE COMPLETELY FILLED OUT

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

Must submit 3 copies of plans along with this application when changing the use of a residential structure:

Check ONE: Child Care _____ Adult Care _____

24 HR Supervision? YES _____ NO _____

Number of Occupants: _____ Number of Beds: _____

Have changes been made to the original floorplan? YES_____ NO _____ (if yes, additional permits shall be required)

Do you have Neighborhood Services Department approval? YES _____ NO _____ (if yes, please provide approval)

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

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.

_____ _____
Signature of Qualifier 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 #: _____

Form Created 12/29/2014 tjv Updated 01/16/20 YP