



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 Remodel
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
--------------------	--------------	-------	-------	----------------

MUST BE COMPLETELY FILLED OUT

Sq. Footage of Remodeled Space: _____

Sq. Footage of any Additional Space: _____

Total of Both: _____

Detailed description of work: _____

Future use of remodeled space: _____ (example: kitchen, family room, den or storage)

Will this remodel require any of the following? Electric A/C Plumbing Insulation Gas

**If yes to any of the above, please provide a separate sub-contractor permit for each trade.

Must include 2 complete sets of drawings sealed by an Engineer or Architect with this application for all structural work.

Note: If you are applying for a garage conversion to living space permit, please fill out the Garage Conversion Permit Application.

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 #: _____