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

Shed Permit

Residential

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
CONTRACTOR	MAIL ADDRESS		ZIP	STATE LIC. # PSL COMP #
CONTRACTOR E-mail Address	PHONE		FAX #	

MUST BE COMPLETELY FILLED OUT

Size: _____ x _____ Type: Pre-Fab: ☐ Constructed On-site: ☐

Manufacturer: _____

Type of Pad: Concrete: ☐ Wood: ☐ Size of Slab: _____ x _____

Footing Size: _____ x _____

Anchoring Kit: Yes ☐ No ☐

2 copies of engineering or product approval must be included with this application. _____

2 copies of plot plan* or survey* showing location must be included with this application. _____

*Site plan or survey must be dated less than 5 years old.

Do you have any other sheds on this property? _____ If so, how many? _____ Size? _____x _____

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.

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 #: _____

Form created 08/31/2010 updated 01/25/19