



City of Port St. Lucie Building Department
 121 SW Port St. Lucie Blvd
 Port St. Lucie, FL 34984
 772-871-5132 • Website: <http://www.cityofpsl.com>
 To Schedule an Inspection <http://pandapublicweb.cityofpsl.com>

Single Family Residence Permit

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

PERMIT # _____ PIN # _____

PROPERTY ADDRESS:			Project Name:		RP #
			Subdivision:		
LEGAL DESCR	SECTION	BLOCK	LOT	Parcel ID#	
OWNER		MAIL ADDRESS		ZIP	PHONE CELL #:
CONTRACTOR/HOB		MAIL ADDRESS		ZIP	STATE LIC. # PSL COMP #
CONTRACTOR E-mail Address		PHONE #:	FAX #:	PHONE #:	
		CELL #:			
CONTACT PERSON:			SUPERINTENDENT E-mail Address:		
ARCHITECT		MAIL ADDRESS		PHONE E-MAIL ADDRESS	LIC #
ENGINEER		MAIL ADDRESS		PHONE E-MAIL ADDRESS	LIC #
Type of Work: CBS <input type="checkbox"/> Frame <input type="checkbox"/> Precast <input type="checkbox"/>			Model Home: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Describe Work:					
Sq. Ft. Living:		Sq. Ft. Non-Living:		Total Sq. Ft of SFR:	Valuation per Sq. Ft.
					# of Stories
City Water:		City Sewer:		Septic Tank Permit #:	
				Use Zone:	
Valuation: \$	Applied Date:	Rec'd By:	Reviewed by/Date	TOTAL 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 #: _____