



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>

Credit Conf# _____

Water Heater Replacement

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

Size: _____ Gal. *Tankless: * Plan Review required and must include Manufacturer Specs.

Electric: Gas: Solar Thermal System: _____ Solar Thermal Tank Only: _____ Solar Thermal Panels Only*: _____

Other: _____

Valuation: \$ _____	Applied Date: _____	Rec'd By: _____	Reviewed by/Date _____	PERMIT FEE: _____
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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 #: _____

MUST BE COMPLETELY FILLED OUT

Form created 08/24/2010 Updated 01/17/20 YP