



City of Port St. Lucie

Building Department

“It Starts With a Good Foundation”

Architectural Review

All request for Architectural Pre-Reviews shall be submitted in writing to the Building Official. To submit a request, a completed Architectural Review Request Form shall be emailed to buildingadmin@cityofpsl.com. The decision to grant the request will be that of the Building Official only.

If a contractor has been selected for the project, the contractor is required to sign and submit the application for Architectural review.

If the Architectural Review Request is approved, the applicant will be required to submit the following documents:

- (4) copies of the complete set of plans signed and sealed by a Florida licensed Architect/Engineer.
- (4) copies of the Energy Code
- (4) copies of the Manual N
- If there is a specification book for the project, (2) copies shall be submitted.
- Completed Pre-Permit Plan Application
- Architectural Review Fee (see below)

Architectural Review fees shall be as follows:

- | | |
|---------------------------|------------|
| ○ Up to 20,000 Sq. feet | \$700.00 |
| ○ 20,001-50,000 Sq. feet | \$1,150.00 |
| ○ 50,001-125,000 Sq. feet | \$1,600.00 |
| ○ 125,001 Sq. feet and up | \$2,150.00 |

The above fees are in addition to all other applicable fees and must be paid at the time the Architectural Review Application is submitted.

Code changes may require resubmittals of plans and additional fees.

Note: Architectural Review Request will not be accepted until the Commercial Compliance Form has been submitted to the Planning and Zoning Department. If the Planning and Zoning Department has already approved the project, the applicant will NOT be eligible for an Architectural Review.



City of Port St. Lucie Building Department
Plan Review Division
 121 SW Port St. Lucie Blvd
 Port St. Lucie, FL 34984
 772-871-5132 • Web Site: <http://www.cityofpsl.com>

ARCHITECTURAL PRE-REVIEW APPLICATION

(This is NOT an application for Building Permit)

ARCH REV#: _____ **P&Z#:** _____

PROJECT NAME:		
ADDRESS/LOCATION (IF AVAILABLE):		
CONTRACTOR/AGENT:		COMPANY NAME:
EMAIL:		PHONE#: FAX#:
DEVELOPER:	OWNER NAME:	
ARCHITECT	PHONE: E-MAIL:	
ENGINEER	PHONE: E-MAIL:	
DESCRIBE WORK:		
TOTAL SQUARE FEET OF BLDG:	NUMBER OF STORIES:	OCCUPANCY GROUP
TYPE OF CONSTRUCTION PER T600:	ELEVATOR: YES NO	FIRE SPRINKLERS: YES NO
<p>PLAN WILL REQUIRE ADDITIONAL REVIEW AT TIME OF APPLICATION TO ASSURE COMPLIANCE WITH CURRENT CODES.</p> <p><u>FORMAL PERMIT APPLICATION SHALL BE MADE WITHIN 120 DAYS OF PRE-PERMIT SUBMITTAL.</u></p> <p>SUBMITTAL REQUIREMENTS: 4 SETS OF PLANS, 4 SETS OF ENERGY CODES AND 4 SETS OF A/C CALCS</p> <p>THIS IS NOT AN APPLICATION FOR BUILDING PERMIT</p>		
Signature of Submitter _____		Date _____
Print Name _____		
For Office Use Only:		Architectural Fee Paid:
Received By:		Receipt #: Cash Credit Check
Date Received:		