



**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>

# Sign Permit Application

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

MUST BE COMPLETELY FILLED OUT

PERMIT # _____		PIN # _____		ZONING ID: P- _____	
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	

Sign Location: \_\_\_\_\_ Electrical Contractor: \_\_\_\_\_

**Type of Sign:** Permanent  Temporary  New Install  Re-Face  Vinyl Lettering\*

\*No Contractor License Required

<input type="checkbox"/> Awning sign	<input type="checkbox"/> Menu Board	<input type="checkbox"/> Canopy Sign (on an attached canopy)	<input type="checkbox"/> Multi-Tenant Directory	<input type="checkbox"/> Directional Sign
<input type="checkbox"/> Monument Sign	<input type="checkbox"/> Mural Sign	<input type="checkbox"/> Real Estate – Model Home Sign	<input type="checkbox"/> LED	<input type="checkbox"/> Projecting Sign
<input type="checkbox"/> Wall Sign	<input type="checkbox"/> Pole Hung Sign	<input type="checkbox"/> Real Estate – Subdivision Sign	<input type="checkbox"/> Coming Soon	<input type="checkbox"/> Other: _____

Wording of Sign: \_\_\_\_\_

Size of Sign \_\_\_\_\_ x \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ Size of Letters: \_\_\_\_\_ Sign Colors: \_\_\_\_\_

Will this sign be directly or indirectly illuminated? Yes  No  (If no, please skip the section below)

- Check **one** of the following:
- New electrical circuit (separate electrical permit required)
  - Existing Electrical Circuit (hook-up of existing service only)
  - Re-Face Only (no electrical work at all is needed)

Illuminated signs must be installed and wired in accordance with the current edition of the NEC by a state or locally licensed sign electrical contractor or electrical contractor. All illuminated and outlined lighting installed within the City of Port St. Lucie shall be listed by a nationally recognized testing agency (NEC 600.3)

Valuation: \$ _____	Applied Date: _____	Rec'd By: _____	Reviewed by/Date _____	<b>PERMIT FEE:</b> _____
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**Planning and Zoning Approval**

Planning and Zoning Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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 foregoing 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 As to Contractor: \_\_\_\_\_ Notary As to Owner-Builder: \_\_\_\_\_

State of Florida  
County of \_\_\_\_\_

Payment Method: \_\_\_\_\_

Last 4 or Check #: \_\_\_\_\_

Sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Personally known \_\_\_\_\_ Produced ID \_\_\_\_\_ Type of ID \_\_\_\_\_

Receipt #: \_\_\_\_\_



## CITY OF PORT ST. LUCIE SIGN PERMIT CHECKLIST

SIGN APPLICATIONS AND FEES ARE TO BE SUBMITTED FIRST TO THE PLANNING AND ZONING DEPARTMENT LOCATED ON THE SECOND FLOOR OF BLDG. B. AFTER APPROVAL, APPLY FOR PERMIT AT THE PERMITTING WINDOW OF THE BUILDING DEPARTMENT ON THE FIRST FLOOR OF BLDG. B. THE FOLLOWING MUST BE PROVIDED:

1. PLANNING AND ZONING APPROVALS
2. FREESTANDING SIGNS
  - Sufficient information describing location of sign.
  - Approved site plan or survey with sign location identified.
  - Distance from property lines.
  - Height at top of sign.
  - Dimensions of sign panel.
  - Location of disconnect on electrical signs.
  - Show placement of 6" address numbers on drawing.
  - Linear frontage of parcel.
3. WALL SIGNS
  - Elevation drawing of approximate sign location on building.
  - Linear frontage of business.
  - Dimensions of sign. Draw a rectangle from highest point to lowest point and side to side.
  - Location of disconnect on electrical signs.
4. LETTERS ONLY (channel-type or placed individually on wall)
  - Elevation drawing of approximate sign location on building.
  - Indicate height and length of space they will occupy. Draw a rectangle from highest point to lowest point and side to side.
5. SIGN MATERIALS AND COLORS
  - Indicate on application and plan.
6. STRUCTURAL DETAILS AND CERTIFICATION
  - Drawing showing structural details, support or attachment.
  - Certify, by licensed architect or engineer, sign complies with requirements of 2017 Florida Building Code and is designed to withstand 130 mph winds west of River, 140 mph winds east of River as per City Code 150.211(16).
  - Electrical specifications (if electrical).
  - Name of licensed electrical contractor and license number when required.
7. PROPERTY OWNER PERMISSION LETTER
  - Attached.
8. TWO (2) SETS OF ENGINEERED DRAWINGS OF SIGN
  - Note: Drawings are not required to be engineered for refaces.

### \*\*\*IMPORTANT\*\*\*

**A FOOTING INSPECTION IS REQUIRED FOR FREESTANDING SIGNS. A FINAL INSPECTION IS REQUIRED ON ALL SIGNS!**

**To Schedule an Inspection please visit our website at <https://pandapublicweb.cityofpsl.com/Bldg/ScheduleInspection.aspx>**

**On electrical signs, an electrical inspection is required and must be done at the stage of construction when all electrical components are visible.**

**All electrical signs require an electrical permit application to be submitted along with the sign application.**

**A sign permit will not be issued without final approval and full payment of fees. Any sign installation that is started or proceeded prior to approval and/or all fees being paid in advance shall be charged at double the assigned fees, 155.03(G)(5).**



# Letter of Permission

Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Sign Address**

I, \_\_\_\_\_, as owner/agent of the above listed property, do give permission to \_\_\_\_\_ representative of \_\_\_\_\_ to install a sign at the aforementioned property.

**Owner/Agent Information:**

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Company**

\_\_\_\_\_

**Mailing address**

\_\_\_\_\_

**Phone**

\_\_\_\_\_

**Owner/Agent Signature**

\_\_\_\_\_

**Date**

**Notary as to Owner:**  
State of Florida  
County of \_\_\_\_\_

Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_

**Signature of Notary Public**

Notary Seal

**Personally Known** \_\_\_\_\_ **OR Produced Identification** \_\_\_\_\_  
**Type of Identification Produced:** \_\_\_\_\_



INTEROFFICE TRANSMITTAL

TO: CITY OF PORT ST. LUCIE  
PLANNING AND ZONING DEPARTMENT

FROM: \_\_\_\_\_

RE: \_\_\_\_\_

DATE: \_\_\_\_\_

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This will authorize the City of Port St. Lucie Planning and Zoning Department to forward the above sign application to the Building Department via inter-office mail. This is in lieu of the applicant and/or the sign company hand delivering the application to the Building Department.

I/We understand that the Planning and Zoning Department assumes no responsibility for receipt by the Building Department and that the only record that will be kept by the Planning and Zoning Department will be a copy of the transmittal form and application form. Therefore, we will be obligated to keep a copy of all materials submitted to the Planning and Zoning Department.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature and Date