



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 Call: 871-5270

## Contractor Affidavit for Expired or Voided Permits

PERMIT # \_\_\_\_\_

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

Commercial:  Residential:

I, \_\_\_\_\_, contractor for **EXPIRED / VOIDED** Permit # \_\_\_\_\_  
 Understand that pursuant to FBC 110.5, *"It shall be the duty of the permit holder to provide access to and means for inspections of such work that are required by this code"*.

I have made attempts to contact the property owner for access on: (all proof of correspondences must be attached)

Date: \_\_\_\_\_ Certified Letter Return Receipt **(REQUIRED)**  
 Date: \_\_\_\_\_ Method of Contact: \_\_\_\_\_  
 Date: \_\_\_\_\_ Method of Contact: \_\_\_\_\_  
 Date: \_\_\_\_\_ Method of Contact: \_\_\_\_\_

Further, I understand that this may result in a Special Magistrate Hearing for the property owner if compliance is not met and that I may be called to testify.

\_\_\_\_\_  
 Signature of Contractor                      Date                      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.

THIS FORM MUST BE APPROVED BY A SUPERVISOR: \_\_\_\_\_  
 (Supervisors Initials)