

City of Port St. Lucie Building Department

121 SW Port St. Lucie Blvd., Port St. Lucie, Fl. 34984 Ph: 772-871-5132 Website: www.CityofPSL.com/Building

CARE FACILITY IN A DWELLING PERMIT APPLICATION

(Limited to Max. of 5 Persons receiving care)

Permit #: Pin:					
CONSTRUCTION UNDER THIS PERMIT SHALL BE DONE IN ACCORDANCE WITH FBC 2023 8TH EDITION					
Site Address:					
Legal Description (Section/Block/Lot):			Parcel ID:		
Owner/Business Information					
Name:	Email:			Phone:	
Business Name:	Address:				
Contractor's Information					
Name:	Email:		Phone:		
Address:		PSL Comp no.	Sto	ate License no.	
PROJECT INFORMATION					
Care Facility type:					
☐ Child Day Care ☐ Adult Day Care ☐ Alcohol and drug centers ☐ Assisted living facilities					
☐ Congregate care facilities ☐ Group homes ☐ Halfway houses ☐ Residential board and care facilities					
☐ Social rehabilitation facilities ☐ Foster care facilities ☐ Detoxification facilities ☐ Nursing homes					
Will changes be made to the original floorplan: 🗌 Yes 🔝 No (if yes, new plans showing proposed work are required)					
Note: See checklist for additional required documents					
APPLICATION MUST BE SIGNED AND NOTARIZED BY THE CONTRACTOR AND OWNER					
Contractor's Signature	Date	Owner or Ow	ner's Authorized Represe	entative Signature Date	
Print Name Print Name					
Notary Public, State of Florida		Notary Pub	Notary Public, State of Florida		
STATE OF FLORIDA, County of		STATE OF FLO	STATE OF FLORIDA, County of		
[NOTARIAL SEAL]	[NOTARIAL	[NOTARIAL SEAL]			
The foregoing instrument was acknowledged before me by means of physical presence or online notarization this day of physical presence or notarization this who is personally known to me or has produced sidentification.		means of aay of personally kr	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.		
FOR OFFICE USE ONLY					
PERMIT FEE \$ Payment method: Last 4 Digits of Credit Card or Check no.: Receipt no.:					
Application date: Rec'd by:					



Building Department CHECKLIST FOR CARE FACILITY IN A DWELLING

PERMIT APPLICATION – The following information must be completed on the permit application:

- For office use only Permit number and pin
- Site address
- Legal description
- Parcel ID
- Owner's information
- Contractor's information(if applicable)
- Care Facility type
- Changes to the floor plan
- Neighborhood Service Department approval
- Notarized Contractor/Homeowner builder signature
- If work is taking place: Notarized Contractor signature, AND the notarized signature of the owner.**
- If no work is taking place: A completed permit AND Owner Builder Affidavit*** signed by the listed owner**.

PLANS AND DOCUMENTS:

- Neighborhood Services Department approval
- Digital copy of original approved plans.
- Digitally signed and sealed plans for any work affecting framing, electrical, A/C or plumbing will be required.
- Digitally signed and sealed fire protection plans. Not required for daycare facilities.
- Saint Lucie County Fire District fire sprinkler/fire alarm application, if applicable.
- Recorded Notice of Commencement for work valued at \$5000 or more.
 (NOC must be submitted to permitting prior to scheduling the first inspection.)
- **If applying for the permit as a homeowner builder, a copy of the recorded warranty deed or property card showing the homeowner's name from the property appraiser's website must be submitted along with the HOB Affidavit.
- If the listed owner is not an individual, the application must be signed by an authorized agent as listed on www.sunbiz.org.

This checklist is intended for Building Department use only. Additional documents may be requested at any time during the permitting process. Any exceptions must be approved by a Supervisor.