



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

COMMERCIAL BUILDING PERMIT APPLICATION

Permit # _____ Pin _____ C # _____

CONSTRUCTION UNDER THIS PERMIT SHALL BE DONE IN ACCORDANCE WITH FBC 2023 8TH EDITION

Zoning ID# P-	Tract/Other:	Project/Plaza name:	S.L.W. <input type="checkbox"/> Yes <input type="checkbox"/> No
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Site Address:	Name of Business:
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Legal Description (Section/Block/Lot):	Parcel ID:
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Owner's Information

Name:	Email:	Phone:
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Address:

Contractor's Information

Name:	Email:	Phone:
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Address:	PSL Comp no.	State License no.
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Architect's/Engineer's Information

Architect's Name:	Email:	Phone:
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Address:	State License no.
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Engineer's Name:	Email:	Phone:
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Address:	State License no.
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PROJECT INFORMATION

Description of work: _____ Fire sprinklers: _____ Number of stories: _____

Number of units: _____ Elevator Yes No Special conditions: _____ Occupancy group: _____

Total sq. footage of building: _____ Specify tenant improvement: New Remodel Existing

City water: Yes No Change of Occupancy: Yes No Shell Permit: Yes No City sewer: Yes No

Class of work: New Addition Alteration

Septic Tank _____ Utilities _____ Property use: _____

Is this for a new business? Yes No Type of business: _____

Total Valuation \$ _____

****MUST BE SIGNED AND NOTARIZED BY THE CONTRACTOR AND OWNER**

Contractor Signature _____	Date _____
Print Name _____	
Notary Public, State of Florida _____	
STATE OF FLORIDA, County of _____	
[NOTARIAL SEAL]	
The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization this ____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.	

Owner or Owner's Authorized Representative Signature _____	Date _____
Print Name _____	
Notary Public, State of Florida _____	
STATE OF FLORIDA, County of _____	
[NOTARIAL SEAL]	
The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> 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 COMMERCIAL BUILDING PERMITS

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

- For office use only - Permit number and pin number, C# if applicable
- Zoning ID #P- (if applicable)
- Tract/other
- Project/plaza name
- S.L.W.
- Site address
- Name of business
- Legal description
- Parcel ID
- Owner's information
- Contractor's information
- Architect/Engineer's information
- Description of work
- Fire sprinklers
- Number of stories and units
- Elevator
- Special conditions
- Occupancy group
- Total sq. footage of building
- Health department number
- Specify tenant improvement
- City water
- Change of occupancy
- Shell permit
- City sewer
- Class of work
- Septic tank
- Utilities
- Property use
- Is this for a new business or existing business?
- Valuation
- Notarized Contractor/owner builder signature

PLANS AND DOCUMENTS – Provide 2 copies:

- Prior to submittal, Compliance Review Approval must be obtained on all submittal components, including but not limited to new buildings, clubhouses, site lighting, amenities, etc. For more information regarding the Compliance Review Approval process please visit <https://fusion.cityofpsl.com/>
- Original Digitally stamped signed and sealed plans. Please separate the plans by trade using pdf format. Ex: (1) file for Structural, (1) file for Electrical, (1) file for Mechanical, (1) file for Plumbing, uploaded to the Online Contractor Portal
- Product Approval Affidavit Form
- Manual N, energy codes and load calculations, if applicable
- Wind load calculation form, if applicable
- Site-plan approved by the Planning and Zoning Department (original stamped document)
- Design Professional Affidavit (if express permit)
- Sub-contractor of record permit applications
- Address sheet from Addressing Division
- Health Department Permit, if applicable
- Recorded Notice of Commencement for work valued at \$5,000 or more. (NOC must be submitted to permitting prior to scheduling the first inspection.)

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.



City of Port Saint Lucie Building Department Product Approval Submittal Affidavit

Permit #

Building Address:

Contractor:

Opening Schedule: Swing Doors, Overhead Doors, Sliding Doors, Fixed Glass, Windows & Skylights

FL # or Miami-Dade	Product	Model #	Manufacturer	Glass Description	Attachment Method Type, Size, Spacing & Embedment	Building Design Pressure	Product Design Pressure

Product	Model #	Manufacturer	Attachment Method Type, Size, Spacing, Embedment & Stiffener etc.	Building Design Pressure	Product Design Pressure
Mullions					
Roof					
Siding					
Soffit					
Hurricane Panels Less than 6' span			Gauge of Steel		
Hurricane Panels 6' span or more			Gauge of Steel		

Please customize the size of this form for your specific structure. It is not intended that you fit the product approval information into the provided spaces. This form is provided as a template.