



**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](http://www.CityofPSL.com/Building)

# GARAGE CONVERSION PERMIT APPLICATION

Permit #: \_\_\_\_\_ Pin: \_\_\_\_\_ Affordable housing:  Federal  State  Local  City of PSL SHIP – CDBG – NSP

**CONSTRUCTION UNDER THIS PERMIT SHALL BE DONE IN ACCORDANCE WITH FBC 2023 8<sup>TH</sup> EDITION**

Site Address: \_\_\_\_\_

Legal Description (Section/Block/Lot): \_\_\_\_\_

Parcel ID: \_\_\_\_\_

**Owner's Information**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Contractor's Information**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

PSL Comp no. \_\_\_\_\_

State License no. \_\_\_\_\_

**Architect's/Engineer's Information**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

State License no. \_\_\_\_\_

**PROJECT INFORMATION**

Total sq. footage of garage prior to conversion: \_\_\_\_\_ Total sq. footage of garage to be converted: \_\_\_\_\_

Overhead garage door to remain:  Yes  No

Future use of converted garage space: \_\_\_\_\_ (bedroom, family room, den or storage)

Will the garage conversion include any of the following?  Electric  A/C  Plumbing  Gas  Insulation  
*(a separate permit is required for each)*

Is home on: Septic  Yes  No (If yes, approval from the Health Department must be submitted, for bedroom additions only)

City Sewer  Yes  No If yes, please provide acct # \_\_\_\_\_

**Total Valuation \$ \_\_\_\_\_**

**APPLICATION 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  physical presence or  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  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 GARAGE CONVERSION PERMITS

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

- For office use only - Permit number and pin number, C# if applicable
- Site address
- Legal description
- Parcel ID
- Owner's information
- Contractor's information
- Architect/Engineer's information
- Total sq. footage of garage prior to conversion
- Total sq. footage of garage to be converted
- Overhead garage door to remain
- Future use of converted garage space
- Will the garage conversion include any of the following
- City sewer/septic
- Valuation
- Notarized Contractor/Homeowner builder signature

**PLANS AND DOCUMENTS** – Provide 2 copies:

- Original Plans signed and sealed by a Florida licensed Architect/Engineer
- Commercial Projects: In addition to paper copies, one complete set of plans must be provided electronically (i.e. on flash drive or disk).
- Product Approval Affidavit Form
- Sub-contractor permit applications, if applicable
- Sealed truss shop drawings on 8 ½ x 11" paper, if applicable
- Signed energy codes, if applicable
- Manual J, if the space will include air conditioning
- Health Department approval, for well and septic only if the garage will be converted into a bedroom.
- Recorded Notice of Commencement for work valued at \$5,000 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 homeowners name from the property appraiser's website must be submitted, along with HOB Affidavit. Homeowner must personally appear at the Building Department to have their signature notarized.**

**NOTES:**

- Plan Review may request an as-built survey.

***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.

revised 07/12/2016 tv