



**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)

# SKYLIGHT PERMIT APPLICATION

Permit #: \_\_\_\_\_ Pin: \_\_\_\_\_

**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**

Commercial  Residential

Manufactured by: \_\_\_\_\_ Number of skylights to be replace or install: \_\_\_\_\_

Type of skylight:  Impact  Non-impact (a separate permit may be required)

**\*See checklist for additional requirements.**

**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 SKYLIGHT 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
- Commercial/Residential
- Manufactured by
- Number of skylights to replace or install
- Type of skylight (impact/non-impact)
- Valuation
- Notarized Contractor/Homeowner builder signature

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

- Florida Product approval with installation instructions
- Structural Opening Permit Application and original plans signed and sealed by a Florida licensed Architect/Engineer, if structural alterations will be made to accommodate the new skylight(s).
- 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.**

*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.*