



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

**SMOKE ALARM 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 8TH 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

Description of proposed work: _____

Detailed location of proposed work: _____ (bedroom, hallway, kitchen or family room)

Is this a new install or replacing existing smoke alarms? New Replace existing

How many smoke alarms are to be installed? _____

Total Valuation \$ _____

***See checklist for additional requirements.**

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 SMOKE ALARM PERMITS

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

- For office use only - Permit number and pin number
- Site address
- Legal description
- Parcel ID
- Owner's information
- Contractor's information
- Architect/Engineer's information
- Description of work
- Detailed location of proposed work
- New install or replacement
- Valuation
- Notarized Contractor/Homeowner builder signature

PLANS AND DOCUMENTS – Provide 2 copies:

- New installation: Sketch/drawing showing the proposed location(s) of the smoke alarm(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.

Updated 02/02/21 YP