

## City of Port St. Lucie Building Department 121 SW Port St. Lucie Blvd., Port St. Lucie, Fl. 34984

121 SW Port St. Lucie Blvd., Port St. Lucie, Fl. 34984 Ph: 772-871-5132 Website: <a href="https://www.CityofPSL.com/Building">www.CityofPSL.com/Building</a>

## STRUCTURAL OPENING PERMIT APPLICATION

Permit #:	Dia.
PARMIT #.	Pin:
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CONSTRUCTION UNDER TH	IS PERMIT SHALL BE DO	ONE IN ACCORDANCE WITH FE	3C 2023 8 <sup>™</sup> EDITION	
Site Address:				
Legal Description (Section/Block/Lot):		Parcel ID:	Parcel ID:	
Owner's Information	I			
Name:	Email:		Phone:	
Address:				
Contractor's Information	I			
Name:	Email:		Phone:	
Address:		PSL Comp no.	State License no.	
Structural Architect's/Engineer's Information				
Name:	Email:		Phone:	
Address:			State License no.	
	PROJECT IN	IFORMATION		
☐ Commercial ☐ Residential				
Description of proposed work:				
(ex: new door/window opening, enlarge,	/decrease opening, fill/	'close opening)		
Description of proposed work, including dimensions:				
Location of work:		(interior, exterior, front, sid	de, rear, roof, etc.)	
Does this opening involve a "fire rated" wall?   Yes No *A fire rated wall is considered a structural wall.				
*See checklist for additional requirement	s.		Total Valuation \$	
APPLICATION MUST BE SIGNED AND NOTARIZED BY THE CONTRACTOR AND OWNER				
Contractor Signature	Date	Owner or Owner's Authorized	Representative Signature Date	
Print Name		Print Name		
Notary Public, State of Florida		Notary Public, State of Florida		
STATE OF FLORIDA, County of		STATE OF FLORIDA, County of		
[notarial seal]		[NOTARIAL SEAL]		
The foregoing instrument was acknowledged before me by		The foregoing instrument was a	acknowledged before me by	
means of $\square$ physical presence or $\square$ online notarization this		means of physical presence or online notarization this		
day of, 20,by who is		day of, 20,by who is		
personally known to me or has produced		personally known to me or has produced		
as identification.		as identification.		
FOR OFFICE USE ONLY				
PERMIT FEE \$ Payment metho	od: Last 4 Di	gits of Credit Card or Check no.:	Receipt no	
Application date: Rec'				



## Building Department CHECKLIST FOR STRUCTURAL OPENING 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
- Commercial/Residential
- Description of work
- Description of proposed work, including dimensions
- Location of work
- Does this opening involve a fire rated wall
- Valuation
- Notarized Contractor/Homeowner builder signature

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

- Sub-contractor permit applications, if applicable
- 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).
- Manual J, if applicable
- Truss cut sheets and layout, 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.)
- \* For online submittals, a signed Owner Affidavit.
- \*\*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.