



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

SKYLIGHT PERMIT APPLICATION

Permit #: _____ Pin: _____

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

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

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

- 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.)
- *** 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.