



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

**SUB-CONTRACTOR
 OF RECORD
 PERMIT APPLICATION**

Permit #: _____ Pin: _____ Master Permit #: _____

| | |
|--|------------------|
| 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. _____ |

PROJECT INFORMATION

Commercial Residential

I hereby authorize the following contractor or individual to include me as a Sub-Contractor for the referenced job.

_____ License # _____
 (Print name of authorized master permit holder or property owner if owner builder)

Type of work: Plumbing Electrical Mechanical Roof Specialty: _____ (specify)

| |
|---------------------------------|
| Total Valuation \$ _____ |
|---------------------------------|

***See checklist for additional requirements.**

APPLICATION MUST BE SIGNED AND NOTARIZED BY THE CONTRACTOR AND OWNER

| | |
|---|---|
| <p>_____ Contractor Signature Date</p> <p>_____ Print Name</p> <p>_____ Notary Public, State of Florida</p> <p>STATE OF FLORIDA, County of _____</p> <p>[NOTARIAL SEAL]</p> <p>The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization this _____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.</p> | <p>_____ Owner or Owner's Authorized Representative Signature Date</p> <p>_____ Print Name</p> <p>_____ Notary Public, State of Florida</p> <p>STATE OF FLORIDA, County of _____</p> <p>[NOTARIAL SEAL]</p> <p>The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization this _____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification.</p> |
|---|---|

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 SUB-CONTRACTOR OF RECORD PERMITS

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

- For office use only - Permit number, pin number and master permit number
- Site address
- Legal description
- Parcel ID
- Owner's information
- Contractor's information
- Commercial/Residential
- Name of authorized master permit holder or property owner
- License #
- Type of work
- Specialty
- Valuation
- Notarized Contractor/Homeowner builder signature

PLANS AND DOCUMENTS

- The Sub-contractor of Record Permit Application must be submitted with the master permit, if the master permit is issued over the counter.

NOTE:

- All sub-contractor applications must be received before the master permit can be issued.
- Submittal of the Sub-contractor of Record Permit does not allow the applicant to start work until the master permit is issued.

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.