



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

TAINTED DRYWALL REMOVAL/REMODEL 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

Description of work: _____

Tainted Drywall Demolition (TDD) – No MEP's*** _____ % of drywall to be removed
 -or-

Tainted Drywall Removal (TD) – Drywall Replacement **ONLY** (no MEP's removed; sub-permits still required) _____ % of Drywall to be removed
 -or-

Tainted Drywall Remodel (TDR) – Drywall and MEP's removed and replaced.

Removal and replacement of (check all that apply): Plumbing Electrical A/C A/C Duct Insulation Water Heater

***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 TAINTED DRYWALL 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
- Property address
- Legal description
- Owner's information
- Contractor's information
- Architect/Engineer's information
- Commercial/Residential
- Description of work
- Removal and replacement (check all that apply)
- Valuation
- Notarized Contractor/Homeowner builder signature

PLANS AND DOCUMENTS – Provide 2 copies:

- Cleaning:
 - Floor plan with electrical and a/c duct plan
 - Manual J
 - Energy codes
 - Sub-contractor permit applications
- Drywall Demo:
 - Floor plan
- Remodel:
 - Floor plan with electrical and a/c duct plan
 - Manual J, for residential
 - Manual N, for commercial
 - Energy codes
 - Sub-contractor permit applications
- Firewall (replacing tainted firewalls and ceilings only):
 - Original Plans signed and sealed by a Florida licensed Architect/Engineer with UL # details included.
 - In addition to paper copies, one complete set of plans must be provided electronically (i.e. on a flash drive or disk). Must be submitted as one single file, not multiple pages.
- Drywall Removal Letter of Compliance
- Asbestos Notification Statement with owner's initials
- 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.



ASBESTOS NOTIFICATION STATEMENT

FBC 105.9 Asbestos: The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of s. 469.003 Florida Statutes and to notify the Department of Environmental Protection of her or his intentions to remove asbestos, when applicable, in accordance with state and federal law.

_____ (initial) The owner or operator has been notified of their responsibility to comply with the provisions of 469.003, *Florida Statutes*, and to notify the Department of Environmental Protection of his or her intentions to remove asbestos, when applicable, with state and Florida law

F.S.S. 469.003 License required.

- (1) No person may conduct an asbestos survey, develop an operation and maintenance plan, or monitor and evaluate asbestos abatement trained and licensed as an asbestos consultant as required by this chapter.
- (2) No person may prepare asbestos abatement specifications unless trained and licensed as an asbestos consultant as required by this chapter.
- (3) No person may conduct asbestos abatement work unless licensed by the department under this chapter as an asbestos contractor, except as otherwise provided in this chapter.

Lead Contamination:

As of April 22, 2010, federal law requires that contractors performing renovation, repair, and painting projects that disturb more than six square feet of paint in homes, childcare facilities, and schools built before 1978 must be certified and trained to follow specific work practices to prevent lead contamination.



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DRYWALL REMOVAL – LETTER OF COMPLIANCE

Architect or Engineer:

Firm: _____
Name: _____ License #: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone Number: _____ Fax: _____

Permit #

Project Address _____
Sec/Block/Lot _____ Subdivision: _____
Description of work performed at the above named address:

Engineer / Architect Punch List:

Full Gut: _____	Partial Removal: _____	
Electrical Replaced: _____	Electrical Cleaned: _____	Comments: _____
Plumbing Replaced: _____	Plumbing Cleaned: _____	Comments: _____

All Drywall Particulate Removed From:

Wall Studs: _____	Electrical Boxes: _____	Comments: _____
Cabinets Not Removed: _____	Cabinets Removed, Aired Out and Reinstalled: _____	
Comments: _____		

Signature of Architect/Engineer

Date

SEAL