



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

ACCESSORY STRUCTURE PERMIT APPLICATION

- Shed Detached garage Tiki hut Pergola Gazebo
 Detached carport Detached workshop Other accessory structure

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. _____

PROJECT INFORMATION

Commercial Residential
 Size of accessory structure: _____ x _____ Type of accessory structure: Prefab Constructed on-site
 Manufacturer: _____ Type of pad: Concrete Wood Size of slab: _____ x _____
 Footing size: _____ x _____ Anchoring kit: Yes No
Existing accessory structures:
 Are there any other accessory structures on this property? Yes No If yes, how many? _____
 Footing size: _____ x _____ Size: _____ x _____

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 <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.	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 <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.
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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 ACCESSORY STRUCTURES (Sheds, Garden Structures, etc.)

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

- For office use only - Permit number and pin number
- Select type of structure
- Site address
- Legal description
- Parcel ID
- Owner's information
- Contractor's information
- Commercial/Residential
- Size of accessory structure
- Type of accessory structure
- Manufactured by
- Type of pad
- Size of slab, if applicable
- Footing size, if applicable
- Anchoring kit
- Existing accessory structure(s)
- Valuation
- Notarized Contractor/Homeowner builder signature

PLANS AND DOCUMENTS

- Product Approval for pre-fabricated structures.
- Site Plan or Survey showing the proposed location of the structure. (Note: Planning & Zoning approval will be required for structures not associated with one and two family dwellings.)
- Construction plans signed and sealed by a licensed Architect/Engineer.
- For commercial sites, in addition to paper copies, a digital copy of the construction documents will be required at the time of submittal.
- 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.**

NOTES:

- When pouring a concrete foundation, a formboard survey will be required.

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.