



**City of Port St. Lucie Building Department**

121 SW Port St. Lucie Blvd

Port St. Lucie, FL 34984

772-871-5132 • Web Site: <http://www.cityofpsl.com>

To Schedule Inspections - <http://pandapublicweb.cityofpsl.com>

# Aboveground Pool Permit

Construction under this permit will be done in accordance with the FBC 6th Edition (2017)

PERMIT # \_\_\_\_\_ PIN# \_\_\_\_\_

PROPERTY ADDRESS				
LEGAL DESCR	SECTION	BLOCK	LOT	Parcel ID#
OWNER		MAIL ADDRESS		ZIP PHONE
CONTRACTOR		MAIL ADDRESS		ZIP STATE LIC. # PSL COMP #
CONTRACTOR E-mail Address		PHONE	FAX #	

MUST BE COMPLETELY FILLED OUT

Dimensions of Pool:

Length: \_\_\_\_\_ Width: \_\_\_\_\_

Round: \_\_\_\_\_ Oval: \_\_\_\_\_

Water Depth: \_\_\_\_\_

Wall Height of Pool to Finish Grade: \_\_\_\_\_

Ladder Type: \_\_\_\_\_

Barrier Type: \_\_\_\_\_

Valuation: \$	Applied Date:	Rec'd By:	Reviewed by/Date	<b>PERMIT FEE:</b>
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THIS PERMIT BECOMES NULL AND VOID IF CONSTRUCTION OR WORK AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AT ANY TIME AFTER WORK IS COMMENCED.

OWNER'S AFFIDAVIT: I certify that all the forgoing information is accurate and that all work will be done in compliance with all applicable laws regulating to construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Contractor _____	Date _____	Signature of Owner (Only if Owner-Builder) _____	Date _____
Print Name _____		Print Name _____	
Notary As to Contractor: _____		Notary As to Owner-Builder _____	

State of Florida  
County of \_\_\_\_\_

Sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Personally known \_\_\_\_\_ Produced ID \_\_\_\_\_ Type of ID \_\_\_\_\_

Payment Method: \_\_\_\_\_  
Last 4 or Check #: \_\_\_\_\_  
Receipt #: \_\_\_\_\_

Form created 05/10/2010 revised 01/24/19