



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

Garage Conversion
Permit Application

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

PERMIT # _____ CONFIRMATION # _____

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

MUST BE COMPLETELY FILLED OUT

Total Sq. footage of garage prior to conversion: _____ Total Sq. footage of garage to be converted: _____
Future use of converted garage space: _____
(example: bedroom, family room, den or storage)

Is home on: City Sewer - No [] Yes [] If yes, account #: _____
Septic - No [] Yes [] If yes, need Health Department approval (bedroom additions only)

Overhead garage door to remain: Yes: [] No: []
Will this conversion include any of the following: (check all that apply)
Electric [] A/C [] Plumbing [] Gas [] Insulation []

**If yes to any of the above, then a separate permit is required for each.

This application must include a floor plan of the converted space.

Valuation: \$ Applied Date: Rec'd By: Reviewed by/Date PERMIT FEE:

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.

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONERS, etc.

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

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

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