



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>

Gas Permit

Review Required

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

PERMIT # _____ CONF # _____

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

Commercial: Residential:

Fuel: Propane Natural

Source: Gas Tank Meter Total BTU's _____

Total Length of Piping: _____ Inlet Pressure: _____ Type of Piping: _____

Riser Diagram: Include Pipe types, lengths, and sizes. BTU's for each appliance and regulator locations.

Must attach a survey or plot plan showing locations.

Combustion, ventilation, and dilution air shall be provided per FBC 304 (Gas)

Valuation: \$	Applied Date:	Rec'd By:	Reviewed by/Date	PERMIT FEE:
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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: _____
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State of Florida _____	County of _____	Payment Method: _____
Sworn before me on this _____ day of _____, 20____		Last 4 or Check #: _____
Personally known _____ Produced ID _____ Type of ID _____		Receipt #: _____