



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>

**Patio Enclosure
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

MUST BE COMPLETELY FILLED OUT

This permit is to enclose an existing patio that has a previously permitted and existing covered roof and slab.

Does the existing slab have a footing: No Yes If yes, what is the depth? _____ Rebar size _____

Sq. footage of existing patio: _____

Sq. footage of patio to enclose: _____

Future use of this patio enclosure: _____

(example: bedroom, family room, den or storage)

Will this enclosure include of the following: Check all that apply

Electric A/C Plumbing Gas Insulation

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

This application must include a complete set of drawings sealed by an engineer or architect, along with a survey or plot plan showing all setbacks from the property lines to the addition.

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.

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 _____ Payment Method: _____

County of _____ Last 4 or Check #: _____

Sworn before me on this _____ day of _____, 20_____ Receipt #: _____

Personally known _____ Produced ID _____ Type of ID _____