



**City of Port St. Lucie Building Department**  
 121 SW Port St. Lucie Blvd  
 Port St. Lucie, FL 34984  
 772-871-5132  
<http://pandapublicweb.cityofpsl.com>

# Phased Construction (Foundation) Permit Application

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

PERMIT # \_\_\_\_\_ CONFIRMATION # \_\_\_\_\_ C# \_\_\_\_\_

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 #	
STRUCTURAL ENGINEER/ARCHITECT		PHONE	LIC#	EMAIL

Commercial:  Residential:  Is this a **FOUNDATION ONLY** request? Yes  No

Description of Construction: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***Sub-permits may be required for each trade depending on the foundation plan.***

105.13 Phased Permit Approval. After submittal of the appropriate construction documents, the building official is authorized to issue a permit for the construction of foundations or any other part of a building or structure before the construction documents for the whole building or structure have been submitted. The holder of such permit for the foundation or other parts of a building or structure shall proceed at the holder's own risk with the building operation and without assurance that a permit for the entire structure will be granted. Corrections may be required to meet the requirements of the technical codes.

**\*\*\*Must submit 2 copies of foundation plans showing all MEP's under the slab and 2 copies of the site plan\*\*\***

The granting of a foundation permit DOES NOT assure the issuance of a building permit for the entire project nor does the permit presume to give authority to violate or cancel the provisions of any other state, local law regulating to construction or the performance of construction or any other department of the City of Port St. Lucie.

Valuation: \$	Applied Date:	Rec'd By:	Reviewed by/Date	<b>PERMIT FEE:</b>
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\*This section to be filled in by Plan Review: Inspections required \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/ FINAL \_\_\_\_ Plans Examiner ID: \_\_\_\_ Initial: \_\_\_\_

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 \_\_\_\_\_ Payment Method: \_\_\_\_\_  
 County of \_\_\_\_\_ Last 4 or Check #: \_\_\_\_\_

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