



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>

Residential Change of Use Application

Construction under this permit will be done in accordance with 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

Must submit **3** copies of plans along with this application when changing the use of a residential structure:

Check ONE: Child Care _____ Adult Care _____

24 HR Supervision? YES _____ NO _____

Number of Occupants: _____ Number of Beds: _____

Have changes been made to the original floorplan? YES _____ NO _____ (if yes, additional permits shall be required)

Do you have Neighborhood Services Department approval? YES _____ NO _____ (if yes, please provide approval)

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

Signature of Qualifier Date

Signature of Owner (**Only if Owner-Builder**) Date

Print Name

Print Name

Notary
As to Qualifier: _____

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 #: _____