



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>

Residential Low Voltage Alarm Application

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

Amount of Labels: _____ **Label #** _____ **thru** _____

CONTRACTOR	MAIL ADDRESS	ZIP	STATE LIC. # PSL COMP #
CONTRACTOR E-mail Address	PHONE	FAX #	CELL

This form is for the pre-purchasing of permit labels for "Residential Low Voltage Alarm Systems" per F.S. 489.503 and 553.793.

Each label will expire if not used within one (1) Year of purchase.

The contractor is required to notify the city within 14 days of completing an alarm project by submitting a completed "Notice of a Low Voltage Alarm System Project" form (see attached).

The contractor is required to post the label in a conspicuous place on the premises before commencing work.

The Contractor is responsible for scheduling a final inspection. Code violations must be corrected by the contractor. Permit fee shall be \$40.00 per label. Permit fees are non-refundable. Permit label expires 1 year from date of purchase.

This permit process only applies to low-voltage alarm system installations. When a power outlet or any other electrical system modification is required, a regular electrical permit must be obtained by a licensed electrical contractor.

This city will sanction any contractor that fails to notify us of an alarm system installation.

Please initial that you have read all of the above: _____

Applied Date:	Rec'd By:	PERMIT FEE:
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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

Print Name

Notary
As to Contractor: _____

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 #: _____



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Web Site: <http://www.cityofpsl.com>

Fax this form to: 772-344-4117

Permit Number will be EMAILED to you within 2 business Days

UNIFORM NOTICE OF A LOW VOLTAGE ALARM SYSTEM PROJECT

Owner's or Customer's Name _____

Project Address _____

City _____ State _____ Zip _____

Phone Number _____

E-mail address _____

Contractor's Name _____

Contractor's Address _____

City _____ State _____ Zip _____

Phone Number _____ Contractor License # _____

Date Project completed _____ **Permit label #** _____

Scope of Work _____

Notice is hereby given that a low voltage alarm system project has been completed at the address specified above. I certify that all of the foregoing information is true and accurate.

(Signature of Owner, Tenant, Contractor or Authorized Representative.)

(Date)

(Print Name)

Do Not Write Below This Line – For Office Staff Only

PERMIT NUMBER: _____ **Confirmation #:** _____