



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 Remodel
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
ARCHITECT/ENGINEER	MAIL ADDRESS		PHONE	LIC # E-MAIL ADDRESS

MUST BE COMPLETELY FILLED OUT

Sq. Footage of Remodeled Space: _____
 Sq. Footage of any Additional Space: _____
 Total of Both: _____
 Detailed description of work: _____

 Future use of remodeled space: _____ (example: kitchen, family room, den or storage)
 Will this remodel require any of the following? Electric A/C Plumbing Insulation Gas
 **If yes to any of the above, please provide a separate sub-contractor permit for each trade.
 Must include 2 complete sets of drawings sealed by an Engineer or Architect with this application for all structural work.

Note: If you are applying for a garage conversion to living space permit, please fill out the Garage Conversion Permit Application.

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 County of _____	Payment Method: _____ Last 4 or Check #: _____ Receipt #: _____
Sworn before me on this _____ day of _____, 20____ Personally known _____ Produced ID _____ Type of ID _____	