



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>

Room Addition Permit Application

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

PERMIT # _____ CONF # _____ MASTER PERMIT # _____

MUST BE COMPLETELY FILLED OUT

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

Sq. Footage: living space: _____
 non-living space: _____ Total of Both: _____

Future use of addition? (example: bedroom, family room, den, storage, etc) _____

Is home on: City Sewer - No Yes If yes, account #: _____
 Septic - No Yes If yes, need Health Department approval (bedroom additions only)

Will this addition require any of the following:
 Check Type of Work: Plumbing: Gas: Electrical: A/C:
 Insulation: Specialty: _____
 If yes to any of the above, a separate permit will be required for each.

All additions must include this application completed, a complete set of drawings, sealed by an engineer or architect, 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: _____	Payment Method: _____
State of Florida County of _____		Last 4 or Check #: _____
Sworn before me on this _____ day of _____, 20____		Receipt #: _____
Personally known _____ Produced ID _____ Type of ID _____		