



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>

Shed Permit

Residential

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

PERMIT # _____ CONF # _____

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 #	

Size: _____ x _____ Type: Pre-Fab: Constructed On-site:

Manufacturer: _____

Type of Pad: Concrete: Wood: Size of Slab: _____ x _____

Footing Size: _____ x _____

Anchoring Kit: Yes No

2 copies of engineering or product approval must be included with this application. _____

2 copies of plot plan* or survey* showing location must be included with this application. _____

*Site plan or survey must be dated less than 5 years old.

Do you have any other sheds on this property? _____ If so, how many? _____ Size? _____ x _____

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.

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 #: _____

Form created 08/31/2010 updated 01/25/19