



City of Port St. Lucie Building Department
 121 SW Port St. Lucie Blvd
 Port St. Lucie, FL 34984
 772-871-5132 • Website: <http://www.cityofpsl.com>
 To Schedule an Inspection <http://pandapublicweb.cityofpsl.com>

Single Family Residence Permit

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

PERMIT # _____

PIN # _____

EXPRESS PERMIT NUMBER: (if applicable)				RP #	
PROPERTY ADDRESS:				Project Name:	
LEGAL DESCR	SECTION	BLOCK	LOT	Parcel ID#	
OWNER		MAIL ADDRESS		ZIP	PHONE CELL
CONTRACTOR/HOB		MAIL ADDRESS		ZIP	STATE LIC. # PSL COMP #
CONTRACTOR E-mail Address		PHONE #: CELL #:	FAX #:		CONTACT PERSON: PHONE #:
ARCHITECT	MAIL ADDRESS		PHONE E-MAIL ADDRESS	LIC #	
ENGINEER	MAIL ADDRESS		PHONE E-MAIL ADDRESS	LIC #	
Type of Work: CBS <input type="checkbox"/> Frame <input type="checkbox"/> Precast <input type="checkbox"/> Model Home: YES <input type="checkbox"/> NO <input type="checkbox"/>					
Describe Work:					
Sq. Ft. Living:		Sq. Ft. Non-Living:		Total Sq. Ft of SFR:	Valuation per Sq. Ft.
City Water:		City Sewer:		Septic Tank Permit #:	Use Zone:

For Office Use Only:

Special Conditions:			FFE:
Side Setbacks:	Rear Setback:	Front Setback	Flood Hazard:
SEER:	EPI:	Heating Type:	Zone:

Valuation: \$	Applied Date:	Rec'd By:	Reviewed by/Date	TOTAL 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 _____			
County of _____			

Payment Method: _____
 Last 4 or Check #: _____
 Receipt #: _____

Sworn before me on this _____ day of _____, 20____
 Personally known _____ Produced ID _____ Type of ID _____