



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>

Smoke Alarm Permit

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

PERMIT # _____ CONFIRMATION # _____

MUST BE COMPLETELY FILLED OUT

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
Commercial: <input type="checkbox"/> Residential: <input type="checkbox"/>				
Detailed description of proposed work: _____				
Detailed location of proposed work: (example: bedroom, hallway, or family room)				

Is this a new install or replacing existing smoke alarms? _____ New _____ Replace existing				
How many smoke alarms are to be installed? _____				
Valuation:	Applied Date:	Rec'd By:	Reviewed by/Date	PERMIT FEE:
\$				

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 Qualifier _____	Date _____	Signature of Owner (Only if Owner-Builder) _____	Date _____
Print Name _____		Print Name _____	

Notary As to Qualifier: _____ Notary As to Owner-Builder: _____

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 #: _____

Form Created 07/17/2014 updated 01/25/19