



City of Port St. Lucie Building Department
 121 SW Port St. Lucie Blvd
 Port St. Lucie, FL 34984
 772-871-5132

Sub-Contractor of record

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

PERMIT # _____ CONF # _____ Master Permit # _____

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 #	

I hereby authorize the following contractor or individual to include me as a subcontractor for the referenced job.

License # _____

(Print Name of Authorized Master Permit Holder or Property Owner, if owner builder)

The submittal of this application does not allow applicant to start any work until the master permit has been issued.

Check (✓) Type of Work

Plumbing Insulation Electrical Mechanical

Specialty _____
(specify)

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 _____ Notary _____
 As to Contractor: _____ 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 #: _____