



**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>

# Tainted Drywall Removal / Remodel Permit Application

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

PERMIT # \_\_\_\_\_ CONFIRMATION # \_\_\_\_\_

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

- Tainted Drywall Demolition (TDD) – No MEP's\*\*\* \_\_\_\_\_ % of Drywall to be Removed  
 - Or -  
 Tainted Drywall Removal (TD) – Drywall Replacement **ONLY** (no MEP's removed; sub-permits still required) \_\_\_\_\_ % of Drywall to be Removed  
 - Or -  
 Tainted Drywall Remodel (TDR) – Drywall and MEP's removed and replaced. Must supply a full set of floor plans and sub permits. Subject to a Plan Review.

Removal and replacement of (check all that apply):  Plumbing  Electrical  A/C  A/C Duct  Insulation  Water Heater

Sub permits are required for Electric, A/C, Plumbing, & Insulation unless prior written approval from a Building Department Supervisor

**\*\*\*Must also submit affidavit of compliance verifying that all tainted drywall has been removed\*\*\***

**Asbestos Notification Statement**

105.9 Asbestos. The enforcing agency shall require each building permit for the demolition or renovation of an existing structure to contain an asbestos notification statement which indicates the owner's or operator's responsibility to comply with the provisions of s. 469.003 Florida Statutes and to notify the Department of Environmental Protection of her or his intentions to remove asbestos, when applicable, in accordance with state and federal law.

**469.003 License required.**

- (1) No person may conduct an asbestos survey, develop an operation and maintenance plan, or monitor and evaluate asbestos abatement unless trained and licensed as an asbestos consultant as required by this chapter.
- (2)(a) No person may prepare asbestos abatement specifications unless trained and licensed as an asbestos consultant as required by this chapter.
- (b) Any person engaged in the business of asbestos surveys prior to October 1, 1987, who has been certified by the Department of Labor and Employment Security as a certified asbestos surveyor, and who has complied with the training requirements of s. 469.013(1)(b), may provide survey services as described in s. 255.553(1), (2), and (3). The Department of Labor and Employment Security may, by rule, establish violations, disciplinary procedures, and penalties for certified asbestos surveyors.
- (3) No person may conduct asbestos abatement work unless licensed by the department under this chapter as an asbestos contractor, except as otherwise provided in this chapter.

**Lead Contamination**

As of April 10, 2010, federal law requires that contractors performing renovation, repair and painting projects that disturb more than six square feet of paint in homes, child care facilities, and schools built before 1978 must be certified and trained to follow specific work practices to prevent lead contamination.

Valuation: \$	Applied Date:	Rec'd By:	Reviewed by/Date	<b>PERMIT FEE:</b>
------------------	---------------	-----------	------------------	--------------------

**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: \_\_\_\_\_

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 #: \_\_\_\_\_

MUST BE COMPLETELY FILLED OUT

Form Created 08/29/2011 updated 01/25/19



City of Port St. Lucie Building Department  
 121 SW Port St. Lucie Blvd  
 Port St. Lucie, FL 34984  
 772-871-5133 • Web Site: <http://www.cityofpsl.com>

**DRYWALL REMOVAL – LETTER OF COMPLIANCE**

**Architect or Engineer:**

Firm: \_\_\_\_\_  
 Name: \_\_\_\_\_ License #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

**Permit #**

Project Address: \_\_\_\_\_  
 Sec/Block/Lot \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Description of work performed at the above named address:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Engineer / Architect Punch List:**

Full Gut: _____	Partial Removal: _____	
Electrical Replaced: _____	Electrical Cleaned: _____	Comments: _____
Plumbing Replaced: _____	Plumbing Cleaned: _____	Comments: _____

**All Drywall Particulate Removed From:**

Wall Studs: _____	Electrical Boxes: _____	Comments: _____
Cabinets Not Removed: _____	Cabinets Removed, Aired Out and Reinstalled: _____	
Comments: _____		

\_\_\_\_\_  
 Signature of Architect/Engineer

\_\_\_\_\_  
 Date

SEAL