



## CITY OF PORT ST. LUCIE SIGN PERMIT CHECKLIST

SIGN APPLICATIONS AND FEES ARE TO BE SUBMITTED FIRST TO THE PLANNING AND ZONING DEPARTMENT LOCATED ON THE SECOND FLOOR OF BLDG. B. AFTER APPROVAL, APPLY FOR PERMIT AT THE PERMITTING WINDOW OF THE BUILDING DEPARTMENT ON THE FIRST FLOOR OF BLDG. B. THE FOLLOWING MUST BE PROVIDED:

1. PLANNING AND ZONING APPROVALS
2. FREESTANDING SIGNS
  - Sufficient information describing location of sign.
  - Approved site plan or survey with sign location identified.
  - Distance from property lines.
  - Height at top of sign.
  - Dimensions of sign panel.
  - Location of disconnect on electrical signs.
  - Show placement of 6" address numbers on drawing.
  - Linear frontage of parcel.
3. WALL SIGNS
  - Elevation drawing of approximate sign location on building.
  - Linear frontage of business.
  - Dimensions of sign. Draw a rectangle from highest point to lowest point and side to side.
  - Location of disconnect on electrical signs.
4. LETTERS ONLY (channel-type or placed individually on wall)
  - Elevation drawing of approximate sign location on building.
  - Indicate height and length of space they will occupy. Draw a rectangle from highest point to lowest point and side to side.
5. SIGN MATERIALS AND COLORS
  - Indicate on application and plan.
6. STRUCTURAL DETAILS AND CERTIFICATION
  - Drawing showing structural details, support or attachment.
  - Certify, by licensed architect or engineer, sign complies with requirements of 2017 Florida Building Code and is designed to withstand 130 mph winds west of River, 140 mph winds east of River as per City Code 150.211(16).
  - Electrical specifications (if electrical).
  - Name of licensed electrical contractor and license number when required.
7. PROPERTY OWNER PERMISSION LETTER
  - Attached.
8. TWO (2) SETS OF ENGINEERED DRAWINGS OF SIGN
  - Note: Drawings are not required to be engineered for refaces.

### \*\*\*IMPORTANT\*\*\*

**A FOOTING INSPECTION IS REQUIRED FOR FREESTANDING SIGNS. A FINAL INSPECTION IS REQUIRED ON ALL SIGNS!**

**To Schedule an Inspection please visit our website at <https://pandapublicweb.cityofpsl.com/Bldg/ScheduleInspection.aspx>**

**On electrical signs, an electrical inspection is required and must be done at the stage of construction when all electrical components are visible.**

**All electrical signs require an electrical permit application to be submitted along with the sign application. A sign permit will not be issued without final approval and full payment of fees. Any sign installation that is started or proceeded prior to approval and/or all fees being paid in advance shall be charged at double the assigned fees, 155.03(G)(5).**



# Letter of Permission

Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Sign Address**

I, \_\_\_\_\_, as owner/agent of the above listed property, do give permission to \_\_\_\_\_ representative of \_\_\_\_\_ to install a sign at the aforementioned property.

**Owner/Agent Information:**

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Company**

\_\_\_\_\_

**Mailing address**

\_\_\_\_\_

**Phone**

\_\_\_\_\_

**Owner/Agent Signature**

\_\_\_\_\_

**Date**

**Notary as to Owner:**  
State of Florida  
County of \_\_\_\_\_

Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_

**Signature of Notary Public**

Notary Seal

**Personally Known** \_\_\_\_\_ **OR Produced Identification** \_\_\_\_\_  
**Type of Identification Produced:** \_\_\_\_\_



INTEROFFICE TRANSMITTAL

TO: CITY OF PORT ST. LUCIE  
PLANNING AND ZONING DEPARTMENT

FROM: \_\_\_\_\_

RE: \_\_\_\_\_

DATE: \_\_\_\_\_

---

This will authorize the City of Port St. Lucie Planning and Zoning Department to forward the above sign application to the Building Department via inter-office mail. This is in lieu of the applicant and/or the sign company hand delivering the application to the Building Department.

I/We understand that the Planning and Zoning Department assumes no responsibility for receipt by the Building Department and that the only record that will be kept by the Planning and Zoning Department will be a copy of the transmittal form and application form. Therefore, we will be obligated to keep a copy of all materials submitted to the Planning and Zoning Department.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature and Date



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

Sign Permit Application

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

PERMIT #

CONFIRMATION #

ZONING ID: P-

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

Sign Location: Electrical Contractor:

Type of Sign: Permanent Temporary New Install Re-Face Vinyl Lettering\*

- Awning sign, Monument Sign, Wall Sign, Menu Board, Mural Sign, Pole Hung Sign, Canopy Sign, Real Estate - Model Home Sign, Real Estate - Subdivision Sign, Multi-Tenant Directory, LED, Coming Soon, Directional Sign, Projecting Sign, Other:

Wording of Sign:

Size of Sign x Sq. Ft. Size of Letters: Sign Colors:

Will this sign be directly or indirectly illuminated? Yes No (If no, please skip the section below)

- Check one of the following: New electrical circuit, Existing Electrical Circuit, Re-Face Only

Illuminated signs must be installed and wired in accordance with the current edition of the NEC by a state or locally licensed sign electrical contractor or electrical contractor.

Valuation: Applied Date: Rec'd By: Reviewed by/Date PERMIT FEE:

Planning and Zoning Approval

Planning and Zoning Reviewer: Date:

Comments:

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.

OWNER'S AFFIDAVIT: I certify that all the foregoing 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 (if Owner Builder) Date

Print Name Print Name

Notary As to Contractor: Notary as to Owner or Agent:

State of Florida County of

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

Permit Validation: Chk. M.O. Cash Batch # Item # Check #

MUST BE COMPLETELY FILLED OUT

Form created 05/16/11 updated 02/01/18 iv