



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 Call: 871-5270

Contractor Affidavit for Expired or Voided Permits

PERMIT # _____

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

Commercial: Residential:

I, _____, contractor for **EXPIRED / VOIDED** Permit # _____
 Understand that pursuant to FBC 110.5, "It shall be the duty of the permit holder to provide access to and means for inspections of such work that are required by this code".

I have made attempts to contact the property owner for access on: (all proof of correspondences must be attached)

Date: _____ Certified Letter Return Receipt **(REQUIRED)**

Date: _____ Method of Contact: _____

Date: _____ Method of Contact: _____

Date: _____ Method of Contact: _____

Further, I understand that this may result in a Special Magistrate Hearing for the property owner if compliance is not met and that I may be called to testify.

 Signature of Contractor Date Print Name

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

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

THIS FORM MUST BE APPROVED BY A SUPERVISOR: _____
 (Supervisors Initials)