

IUST BE COMPLETELY FILLED OUT

## 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.citvofpsl.com

To Schedule Inspections - http://pandapublicweb.cityofpsl.com

Construction under this permit will be done in accordance with the FBC 5th Edition (2014)

**ADA Accessible Route** 

**Permit Application** 

PERMIT# CONFIRMATION # PROPERTY ADDRESS: LEGAL LOT **SECTION BLOCK** Parcel ID# **DESCR 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: \*\*\*Copy of construction plans and a site plan showing the location of the accessible route MUST be included with this permit application.\*\*\* Width of path \_\_\_\_x\_\_ Length of path \_\_\_\_x\_\_\_ Slope of path \_\_\_\_x\_\_ Type of Material used for path: □Concrete □Paver □Plywood □Lumber ☐ Asphalt Other (describe) Is path curbed? □YES 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. Form Created 02/16/2012 updated 07/01/15 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: as to Owner or Agent: State of Florida County of \_ Sworn before me on this , 20 day of Chk. M.O. Permit Validation: Cash Personally known \_ Produced ID Type of ID Check # Batch # Item #