



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>

Residential Change of Use Application

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

Must submit 3 copies of plans along with this application when changing the use of a residential structure:

Check ONE: Child Care _____ Adult Care _____

24 HR Supervision? YES: _____ NO: _____

Number of Occupants: _____ Number of Beds: _____

Have changes been made to the original floorplan? YES _____ NO _____ (if yes, additional permits shall be required)

Do you have Planning and Zoning approval? Yes _____ NO _____

Valuation: \$	Applied Date:	Rec'd By:	Reviewed by/Date	APPLICATION FEE:
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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.

Signature of Qualifier Date

Signature of Owner (if Owner Builder) Date

Print Name

Print Name

Notary
As to Qualifier: _____

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