



**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>

# Commercial Building Permit Application

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

**PERMIT #:** \_\_\_\_\_ **CONFIRMATION. #** \_\_\_\_\_ **C #:** \_\_\_\_\_

ZONING ID# P-		PARCEL ID#			S.L.W. YES <input type="checkbox"/> NO <input type="checkbox"/>	
PROPERTY ADDRESS:				PROJECT NAME/PLAZA NAME:		
LEGAL DESCR.	SECTION	BLOCK	LOT	TRACT/OTHER:		
OWNER:		MAIL ADDRESS		ZIP	PHONE CELL	
BUSINESS OWNER:		MAIL ADDRESS		ZIP	PHONE	
CONTRACTOR:		MAIL ADDRESS		ZIP	STATE LIC. #	EXP. DATE: PSL COMP. #
CONTRACTOR E-MAIL:		PHONE:	FAX CELL:	CONTACT PERSON: PHONE:		
ARCHITECT:		MAIL ADDRESS		PHONE	LIC.#	E-MAIL:
ENGINEER:		MAIL ADDRESS		PHONE:	LIC. #	E-MAIL:
DESCRIBE WORK:					HEALTH DEPT#	
					FIRE SPRINKLERS	
					# OF STORIES	
					ELEVATOR	
SPECIAL CONDITIONS:					OCCUPANCY GROUP	
NAME OF BUSINESS:					TOTAL SQ. FT. OF BLDG.	
PLEASE SPECIFY TENANT IMPROVEMENT: NEW <input type="checkbox"/> REMODEL EXISTING <input type="checkbox"/>					CITY WATER	
CHANGE OF OCCUPANCY: YES <input type="checkbox"/> NO <input type="checkbox"/>			SHELL PERMIT: YES <input type="checkbox"/> NO <input type="checkbox"/>		CITY SEWER	
CLASS OF WORK: NEW <input type="checkbox"/> ADDITON <input type="checkbox"/> ALTERATION <input type="checkbox"/>				SEPTIC TANK	UTILITIES	
Valuation:	Applied Date:	Rec'd By	Reviewed by/Date:			

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 _____	Signature of Owner (if Owner Builder) _____
Date _____	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 # \_\_\_\_\_