



**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>

# Dock Permit

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

PERMIT # \_\_\_\_\_ CONF # \_\_\_\_\_

MUST BE COMPLETELY FILLED OUT

|                           |              |              |       |                                |
|---------------------------|--------------|--------------|-------|--------------------------------|
| PROPERTY ADDRESS          |              |              |       |                                |
| LEGAL DESCR               | SECTION      | BLOCK        | LOT   | Parcel ID#                     |
| OWNER                     |              | MAIL ADDRESS |       | ZIP PHONE                      |
| CONTRACTOR                |              | MAIL ADDRESS |       | ZIP STATE LIC. #<br>PSL COMP # |
| CONTRACTOR E-mail Address |              | PHONE        | FAX # |                                |
| ARCHITECT/ENGINEER        | MAIL ADDRESS | PHONE        | LIC#  | E-MAIL ADDRESS                 |

Attach letters of approval from Army Corps of Engineers, Florida Department of Environmental Protection and South Florida Water management District.

Submit **2** copies of the following:

1. Complete structural details sealed by a Registered Florida Engineer or Architect.
2. Plot plan showing the location of the existing residence. (Docks are not permitted on vacant property unless the lot is zoned RE and a Special Exception Use has been granted.)
3. Proposed dock location. Size of Dock: \_\_\_\_\_ x \_\_\_\_\_
4. Side and rear property lines with distance to dock.
5. Mean high water line distances to dock and to rear property line.
6. If the dock is proposed to extend more than five feet into any canal or waterway, the drawing shall include the width of the surface (bank to bank). \*This may be aerial photo in most cases.

|                  |               |           |                  |                    |
|------------------|---------------|-----------|------------------|--------------------|
| Valuation:<br>\$ | Applied Date: | Rec'd By: | Reviewed by/Date | <b>PERMIT FEE:</b> |
|------------------|---------------|-----------|------------------|--------------------|

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.

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 _____ | Date _____ | Signature of Owner (if Owner Builder) _____ | Date _____ |
|-------------------------------|------------|---|------------|

|                  |                  |
|------------------|------------------|
| Print Name _____ | Print Name _____ |
|------------------|------------------|

|                                   |                                       |
|-----------------------------------|---------------------------------------|
| Notary<br>As to Contractor: _____ | Notary<br>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 # _____            |

Form created 08/31/2010 updated 07/07/15