



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>

Opening Protection/ Shutter Permit Application

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

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

Commercial: ☐ Residential: ☐

Manufactured by: _____
Note: Must attach a copy of the manufactures specifications, product approval, and installation instructions with this application

Number of Openings to shutter: _____

Location of new shutters: (check all that apply) Front ☐ Rear ☐ Side ☐ All ☐

Type of shutter: Roll Up ☐ Accordion ☐ Panels ☐ **Motorized ☐ *Plywood ☐ *installed per Chap. 16 of the FBC

**An electric permit shall be required if electric is used to operate shutters.

Any structural alteration to an opening or wall will require an Engineers sealed plan and a separate permit.

Valuation: \$	Applied Date:	Rec'd By:	Reviewed by/Date	PERMIT FEE:
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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 _____ Date _____

Signature of Owner (if Owner Builder) _____ 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 # _____

MUST BE COMPLETELY FILLED OUT