

## City of Port St. Lucie Building Department 121 SW Port St. Lucie Blvd Port St. Lucie, FL 34984

In-Ground Pool Permit
Application

772-871-5132 • Web Site: http://www.cityofpsl.com
To Schedule Inspections http://pandapublicweb.cityofpsl.com

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

	PERMIT	PERMIT # CONFIRMATION #						RP#			
•	PROPERTY	PROPERTY ADDRESS									
	LEGAL DESCR	SECTION	BLOCK	LOT	Parcel I	D#					
	OWNER MAIL ADDRESS			3	ZIP			PHONE CELL			
	CONTRACTOR MAIL ADDRESS			3		ZIP		STATE LIC.#			
	CONTRACTOR E-mail Address		PHONE		FAX#		PSL COMP # CELL				
INO	ARCHITECT/ENGINEER MAIL ADD			DRESS	PHONE		LIC#	E-MAIL ADI	DRESS		
Y FILLED	Commercial: Residential:										
SE COMPLEIEL	Max Width Max Length Perimeterft. Square Ft Min Depth Max Depth										
MUSIE	Patio Type: Number of Lights										
	Pool Gallons										
	Barrier Type:										
	Spa: TYES NO										
	Heater: ☐YES* ☐ NO *If yes, separate permit application required.										
		A completed electrical sub-permit is required when submitting this application.									
•	Valuation:		Applied Date:	Rec'd By:	Reviewed by/D	ate	P	ERMIT 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.										
	will be perfor	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.										
Form	Signature of	Contractor	Date	Signature of Owr	ner (if Owner Builder)	Date					
created 1	Print Name Print Name										
Notary Notary As to Contractor: as to Owner or Agent:											
updated 07.	State of Flori County of	ida	_								
/01/2015	Sworn before Personally	e me on this known	day of Produced ID	, 20	Type of ID		Permit V Batch #	alidation: Chk.	M.O. Check #	Cash	