



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>

Insulation Permit

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 |
| ARCHITECT/ENGINEER | | MAIL ADDRESS | | PHONE |
| | | | | LIC # E-MAIL ADDRESS |
| Commercial: <input type="checkbox"/> Residential: <input type="checkbox"/> | | | | |
| Type of Insulation: <input type="checkbox"/> Loose Fill <input type="checkbox"/> Batten <input type="checkbox"/> Spray Foam <input type="checkbox"/> Foam board | | | | |
| Location: <input type="checkbox"/> Ceiling <input type="checkbox"/> Walls <input type="checkbox"/> Other *please specify: _____ | | | | |
| R-Value of Ceiling: _____ | | | | |
| R-Value of Wall: _____ | | | | |
| Valuation: \$ | Applied Date: | Rec'd By: | Reviewed by/Date | PERMIT FEE: |
| <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.</p> | | | | |
| 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. Batch # | | M.O. Item # | | Cash Check # |

MUST BE COMPLETELY FILLED OUT

Form Created 08/29/2011 updated 04/27/2016