

## City of Port St. Lucie Building Department 121 SW Port St. Lucie Blvd Port St. Lucie, FL 34984 772-871-5132 • Web Site: <a href="http://www.cityofpsl.com">http://www.cityofpsl.com</a>

**Low Voltage Permit Application** 

(Commercial only)

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

PERI	MIT #		_ CONFIRMAT	TION #					
PROPERT	Y ADDRESS:								
LEGAL	SECTION		BLOCK	LOT	Parcel ID#				
DESCR OWNER		MAIL AD	DRESS		ZIP	PHONE			
OTTILITY MA			DICEGO		ZII	CELL			
CONTRAC	TOR	MAIL AD	DRESS		ZIP	STATE LIC. #			
						PSL COMP #			
CONTRACTOR E-mail Address			PHONE		FAX#	CELL			
ARCHITEC	T/ENGINEER		MAIL ADDRESS		PHONE	LIC	#		
					E-MAIL ADI	DRESS			
Check o	only <b>one</b> of th	e following:	Fire Alarm	Security	Alarm	TV Cable			
Onoon	5111y <u>5115</u> 51 til	J	Phone	Data	7 1101111	Lighting			
			Security Cameras						
			Coounty Camorae						
Detail	ed description	n of proposed work	:						
Detai	led location o	f proposed work: _							
		_							
Valuation:		Applied Date:	Rec'd By:	Reviewed by/Date		PERMIT FEE:			
	tion to be filled	d in by Plan Review:	Rough Fir	nal Pla	ıns Examiner ID:	Initials:_			
THIS DEDA	AIT DECOMES NUI	L AND VOID IF CONSTRUC	TION OD WORK ALITHOD	DIZED IS NOT COMMENS	NED WITHIN 6 MONTH				
		ED FOR A PERIOD OF 6 MO				S, OR IF CONSTRUCTION	OR WORK IS		
		obtain a permit to do the work							
		tandards of all laws regulating NACES, BOILERS, HEATER			separate permit must be	e secured for ELECTRICAL	WORK, PLUMBIN	lG,	
OWNER'S	AFFIDAVIT: I certif	y that all the forgoing informa	tion is accurate and that all	work will be done in comp	oliance with all applicab	le laws regulating to constru	ction and zoning.		
		R FAILURE TO RECORD A I ENT MUST BE RECORDED				FOR IMPROVEMENTS TO Y	OUR PROPERTY	Y.	
		FINANCING, CONSULT WITH				R RECORDING YOUR NOT	ICE OF		
COMMENC								1	
								Cica	
Signature o	f Contractor	Date	Signature of Owner	(if Owner Builder)	Date			00,	
Print Name			Print Name					29/201	
								roiii Cieated 08/27/2011 ubdated 07/01/13	
Notary			Notary					aled o	
As to Contr	actor:		,	nt:				7,01/1.	
State of Flo	rida								
•	re me on this	day of	. 20		-	mit Validation: Chk.		Cash	
Personally		roduced ID	Type of ID		Bato	ch # Item #	Check #		