



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>

**Commercial
 Privacy Wall / Fence
 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

Detailed description of proposed work: _____

Type of wall/ Fence material: (check all that apply)

Concrete Chainlink Wood Vinyl/PVC Wrought Iron Other: *Please describe* _____

Height: _____

Length: _____

Footing Size: _____

Is wall / fence installed as a pool barrier? No: Yes:

****If yes, walls/ fences used as a pool barrier must be inspected to verify compliance with FBC 4101.17 and must include a Pool Alarm / Barrier Affidavit with application.**

Wall / Fence is being installed on a corner lot: No: Yes:

Copy of an approved site plan from Planning and Zoning showing intended location of wall / fence must be attached to this application.

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

Form created 03/08/2011 updated 07/07/15 jlv