



**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>

# Room Addition Permit Application

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

PERMIT # \_\_\_\_\_ CONF # \_\_\_\_\_ MASTER PERMIT # \_\_\_\_\_

PROPERTY ADDRESS				
LEGAL DESCR	SECTION	BLOCK	LOT	Parcel ID#
OWNER		MAIL ADDRESS		ZIP PHONE
CONTRACTOR		MAIL ADDRESS		ZIP STATE LIC. # PSL COMP #
CONTRACTOR E-mail Address		PHONE	FAX #	
ARCHITECT/ENGINEER		MAIL ADDRESS		PHONE LIC # E-MAIL ADDRESS

MUST BE COMPLETELY FILLED OUT

Sq. Footage: living space: \_\_\_\_\_  
 non-living space: \_\_\_\_\_ Total of Both: \_\_\_\_\_

Future use of addition? (example: bedroom, family room, den, storage, etc) \_\_\_\_\_

Is home on: City Sewer - No  Yes  If yes, account #: \_\_\_\_\_  
 Septic - No  Yes  If yes, need Health Department approval (bedroom additions only)

Will this addition require any of the following:  
 Check Type of Work: Plumbing:  Gas:  Electrical:  A/C:   
 Insulation:  Specialty: \_\_\_\_\_  
 \*\*\*If yes to any of the above, a separate permit will be required for each.\*\*\*

All additions must include this application completed, a complete set of drawings, sealed by an engineer or architect, survey or plot plan showing all setbacks from the property lines to the addition.

Valuation: \$	Applied Date:	Rec'd By:	Reviewed by/Date	<b>PERMIT FEE:</b>
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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 #

Form created 01/24/2011 updated 07/01/2015 jlv