



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>

Skylight 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
ARCHITECT/ENGINEER		MAIL ADDRESS		PHONE: E-MAIL ADDRESS:
				LIC #
Commercial: <input type="checkbox"/> Residential: <input type="checkbox"/>				
Manufactured by: _____				
<i>NOTE: Must attach a copy of the manufactures specifications, product approval, and installation instructions with this application.</i>				
Number of Skylights to replace or install: _____				
Type of Skylight: Impact: <input type="checkbox"/> Non-impact: <input type="checkbox"/> * a separate shutter permit may be required.				
<i>Any structural alteration to an opening would require an engineer's sealed plan and a separate structural opening permit.</i>				
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 _____		Signature of Owner (if Owner Builder) _____		
Date _____		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 09/20/2011 updated 07/01/15 fiv