City of Port St. Lucie Building Department
121 SW Port St. Lucie Blvd
Port St. Lucie, FL 34984
772-871-5132

# Sub-Contractor of record

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. #<br>PSL COMP # |
| CONTRACTOR E-mail Address | PHONE | FAX # | |

I hereby authorize the following contractor or individual to include me as a subcontractor for the referenced job.

_____License #_____
(Print Name of Authorized Master Permit Holder or Property Owner)

**The submittal of this application does not allow applicant to start any work until the master permit has been issued.**

**Check (√ ) Type of Work**

Plumbing ☐ Gas ☐ Electrical ☐ Mechanical ☐

Insulation ☐ Specialty_____
(specify)

| Applied Date: | Rec'd By: | Reviewed by / Date | PERMIT FEE: |
|---|---|---|---|

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.

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: _____

Sworn before me on this _____day of _____, 20_____
Personally known _____ Produced ID _____ Type of ID_____
State of: _____ County of: _____

Permit Validation: Chk. M.O. Cash
Batch # Item # Check #

Form created 05/10/2010 updated 07/01/15 tjv