

MUST BE COMPLETELY FILLED OUT

City of Port St. Lucie Building Department 121 SW Port St. Lucie Blvd Port St. Lucie, FL 34984 772-871-5132 • Web Site: <u>http://www.cityofpsl.com</u> To Schedule Inspections http://pandapublicweb.cityofpsl.com

Tainted Firewall Permit Application

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

| PERMIT #_ | | | _ CONFIRMATI | ON # | | | | | | |
|---|--|---|---|---|--|--------------------------------------|--|---------------------------------------|--------------------------|--|
| PROPERTY ADD | RESS | | | | | | | | | |
| LEGAL SEC DESCR | CTION | BLOCK | LOT | Parcel ID | # | | | | | |
| OWNER | | MAIL ADDRE | SS | I | ZIP | PHONE CELL | | | | |
| CONTRACTOR | | MAIL ADDRE | SS | | ZIP | STATE LI | | | | |
| CONTRACTOR E | -mail Address | S | PHONE | | FAX # | CELL | г <i>#</i> | | | |
| ARCHITECT/ENG | BINEER | Mail Ae | DDRESS | PHONE | | LIC # | E-MAI | L ADDRESS | 3 | |
| This permit allow | vs applicant | t to remove all tainted dr | ywall and install firewall | ONLY, without disturbi | ng any MEP's. | | | | | |
| | - | <u>moval</u> (TFW) - Firewall F | | - | | % Drywall Replace | ed (does no | ot include fi | rewall)** | |
| Describe worke | d: | | | | | | | | | |
| | | | а | | | | | | | |
| <u>**Prope</u> | <u>rty to be p</u> | blaced on hold after | • | | • | | | ig all MEI | P' <u>S. **</u> | |
| | | ***Must also subr | nit affidavit of complia | nce verifying that all | tainted drywa | Ill has been removed* | :** | | | |
| | | all require each building permit for th and to notify the Department of Envir | e demolition or renovation of an exist conmental Protection of her or his inte | sting structure to contain an asbe entions to remove asbestos, whe | | | r operator's resp | onsibility to comp | ply with the | |
| | | survey, develop an operation and ma | intenance plan, or monitor and evalu | | | s an asbestos consultant as requir | ed by this chapte | r. | | |
| (b) Any person engaged 469.013(1)(b), may prov | in the business of in the business of its survey service | batement specifications unless train of asbestos surveys prior to October es as described in s. 255.553(1), (2) tement work unless licensed by the | 1, 1987, who has been certified by th , and (3). The Department of Labor a | ne Department of Labor and Emp and Employment Security may, by | oyment Security as a rule, establish violatio | ons, disciplinary procedures, and p | who has complied penalties for certif | with the training ied asbestos sur | requirements rveyors. | s of s. |
| As of April 10, 2010, fed specific work practices t | | that contractors performing renovation | on, repair and painting projects that c | Lead Contamination disturb more than six square feet | f paint in homes, chil | d care facilities, and schools built | before 1978 mus | be certified and | trained to foll | low |
| Valuation: | o prevent lead co | Applied Date: | Rec'd By: | Reviewed by/Da | e | PERMIT | FEE: | | | |
| THIS PERMIT BE | | L AND VOID IF CONSTRUED FOR A PERIOD OF 6 M | | | | MONTHS, OR IF CONS | TRUCTION | or work i | S | |
| Application is here will be performed | eby made to c to meet the s | obtain a permit to do the wo tandards of all laws regulati | rk and installations as indicating construction in this jurise | ated. I certify that no wor diction. I understand that | or installation h | | | | | work |
| OWNER'S AFFID | AVIT: I certif | NACES, BOILERS, HEATE y that all the forgoing inform | nation is accurate and that a | all work will be done in co | | | - | | - | |
| NOTICE OF COM | MENCEMEN | R FAILURE TO RECORD A | AND POSTED ON THE JOI | B SITE BEFORE THE FI | RST INSPECTIC | DN. | | | ERIY. A | _ |
| IF YOU INTEND | | INANCING, CONSULT WI | TH YOUR LENDER OR AN | ATTORNEY BEFORE (| OMMENCING V | NORK OR RECORDING | YOUR NOTH | CE OF | | Form Created 08/29/2011 updated 07/01/2015 |
| Signature of Cont | ractor | Date | Signature of Owner | er (if Owner Builder) | Date | | | | | ted 08/29/ |
| Print Name | | | Print Name | | | | | | | 2011 upda |
| Notary As to Contractor:_ | | | Notary as to Owner or Age | ent: | | | | | | ated 07/01 |
| State of Florida County of | | | · | | | | | | | 1/2015 |
| Sworn before me | | day of roduced ID | , 20 Type of ID | | | Permit Validation: Batch # | Chk. Item # | M.O. Check | Cash # | |



10/07/09tjv updated 06/03/2013

| Architect or Engineer: | | |
|-------------------------------------|---------------------------------|----------------|
| Firm: | | |
| Name: | | License #: |
| Address: | | City: |
| State:Zip: | Phone Number: | Fax: |
| PERMIT #: | | |
| Project Address: | | |
| | | Subdivision: |
| Description of work performed at | the above named address: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Engineer / Architect Punch | List: | |
| Full Gut: Partial Remo | oval: If Partial, areas dry | /wall left: |
| | | |
| Electrical Replaced: Elect | Irical Cleaned: Comments | : |
| Plumbing Replaced: Plum | bing Cleaned: Comments | : |
| All Drywall particulate removed fro | om: | |
| | | |
| | | |
| Cabinets not removed: | Cabinets removed, aired out and | d reinstalled: |
| Comments: | | |
| | | |
| | | |
| | | |
| Signature of Architect/Engin | leer | |
| J | | |
| | | |
| | | |
| Date | | |
| Date | | |
| Date | | |

Seal