



**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>

Credit Conf# \_\_\_\_\_

# Water Heater Replacement

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

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

PROPERTY ADDRESS \_\_\_\_\_

LEGAL DESCR	SECTION	BLOCK	LOT	Parcel ID#
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OWNER	MAIL ADDRESS	ZIP	PHONE
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CONTRACTOR	MAIL ADDRESS	ZIP	STATE LIC. # PSL COMP #
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CONTRACTOR E-mail Address	PHONE	FAX #
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Commercial:  Residential:

Size: \_\_\_\_\_ Gal. \*Tankless:  \* Plan Review required and must include Manufacturer Specs.

Electric:  Gas:  Solar Thermal System: \_\_\_\_\_ Solar Thermal Tank Only: \_\_\_\_\_ Solar Thermal Panels Only\*: \_\_\_\_\_

Other: \_\_\_\_\_

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.

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 \_\_\_\_\_

Print Name \_\_\_\_\_

Signature of Owner (if Owner Builder) \_\_\_\_\_ Date \_\_\_\_\_

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 08/24/2010 updated 04/27/2016