

OFFICE USE ONLY:

DATE FILED: _____
REVISION FEE: _____

PERMIT # _____
RECEIPT # _____

**ST. LUCIE COUNTY
PUBLIC WORKS DEPARTMENT
CODE COMPLIANCE DIVISION
2300 VIRGINIA AVENUE
FORT PIERCE, FL 34982-5652
(772) 462-1553**

APPLICATION FOR BUILDING PERMIT REVISIONS

PROJECT INFORMATION

**1. LOCATION/SITE
ADDRESS:**

**2. DETAILED DESCRIPTION OF PROJECT
REVISIONS:**

3. CONTRACTOR INFORMATION:

ST. of FL REG./CERT. # _____ **ST. LUCIE CTY. CERT. #.** _____
BUSINESS NAME: _____
QUALIFIERS NAME: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE (DAYTIME): _____ **FAX:** _____

4. OWNER/BUILDER INFORMATION:

NAME: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE /CELL: _____ **FAX:** _____

5. ARCHITECT/ENGINEER INFORMATION:

NAME: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE (DAYTIME): _____ **FAX:** _____