

**All APPLICABLE INFO MUST BE COMPLETED FOR APPLICATION TO BE ACCEPTED**

Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_



## Building Permit Application

Planning and Development Services

Building and Code Regulation Division

2300 Virginia Avenue, Fort Pierce FL 34982

Phone: (772) 462-1553 Fax: (772) 462-1578

Commercial \_\_\_\_\_ Residential \_\_\_\_\_

PERMIT APPLICATION FOR:

PROPOSED IMPROVEMENT LOCATION:

Address: \_\_\_\_\_

Property Tax ID #: \_\_\_\_\_ Lot No. \_\_\_\_\_

Site Plan Name: \_\_\_\_\_ Block No. \_\_\_\_\_

Project Name: \_\_\_\_\_

DETAILED DESCRIPTION OF WORK:

New Electrical Meter \_\_\_\_\_ Second Electrical Meter \_\_\_\_\_

CONSTRUCTION INFORMATION:

Additional work to be performed under this permit – check all that apply:

Mechanical     Gas Tank     Gas Piping     Shutters     Windows/Doors     Pond

Electric     Plumbing     Sprinklers     Generator     Roof     Pitch

Total Sq. Ft of Construction: \_\_\_\_\_ Sq. Ft. of First Floor: \_\_\_\_\_

Cost of Construction: \$ \_\_\_\_\_ Utilities:  Sewer  Septic Building Height: \_\_\_\_\_

**OWNER/LESSEE:**

Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone No. \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Fill in fee simple Title Holder on next page ( if different from the Owner listed above)**

**CONTRACTOR:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone No \_\_\_\_\_

E-Mail \_\_\_\_\_

State or County License \_\_\_\_\_

If value of construction is 2500 or more, a RECORDED Notice of Commencement is required.

If value of HAVC is \$7,500 or more, a RECORDED Notice of Commencement is required.

**SUPPLEMENTAL CONSTRUCTION LIEN LAW INFORMATION:**

**DESIGNER/ENGINEER:** \_\_\_ Not Applicable  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**MORTGAGE COMPANY:** \_\_\_ Not Applicable  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**FEE SIMPLE TITLE HOLDER:** \_\_\_ Not Applicable  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**BONDING COMPANY:** \_\_\_ Not Applicable  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**OWNER/ CONTRACTOR AFFIDVIT:** Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no work or installation has commenced prior to the issuance of a permit.

St. Lucie County makes no representation that is granting a permit will authorize the permit holder to build the subject structure which is in conflict with any applicable Home Owners Association rules, bylaws or and covenants that may restrict or prohibit such structure. Please consult with your Home Owners Association and review your deed for any restrictions which may apply.

In consideration of the granting of this requested permit, I do hereby agree that I will, in all respects, perform the work in accordance with the approved plans, the Florida Building Codes and St. Lucie County Amendments.

The following building permit applications are exempt from undergoing a full concurrency review: room additions, accessory structures, swimming pools, fences, walls, signs, screen rooms and accessory uses to another non-residential use

**WARNING TO OWNER:** Your failure to Record a Notice of Commencement may result in paying twice for improvements to your property. A Notice of Commencement must be recorded in the public records of St. Lucie County and posted on the jobsite before the first inspection. If you intend to obtain financing, consult with lender or an attorney before commencing work or recording your Notice of Commencement.

\_\_\_\_\_  
 Signature of Owner/ Lessee/Contractor as Agent for Owner

\_\_\_\_\_  
 Signature of Contractor/License Holder

**STATE OF FLORIDA  
 COUNTY OF \_\_\_\_\_**

**STATE OF FLORIDA  
 COUNTY OF \_\_\_\_\_**

Sworn to (or affirmed) and subscribed before me of  
 \_\_\_ Physical Presence or \_\_\_ Online Notarization  
 this \_\_\_ day of \_\_\_\_\_, 2020 by

Sworn to (or affirmed) and subscribed before me of  
 \_\_\_ Physical Presence or \_\_\_ Online Notarization  
 this \_\_\_ day of \_\_\_\_\_, 2020 by

\_\_\_\_\_  
 Name of person making statement.

\_\_\_\_\_  
 Name of person making statement.

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
 Type of Identification  
 Produced \_\_\_\_\_

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
 Type of Identification  
 Produced \_\_\_\_\_

\_\_\_\_\_  
 (Signature of Notary Public- State of Florida )

\_\_\_\_\_  
 (Signature of Notary Public- State of Florida )

Commission No. \_\_\_\_\_ (Seal)

Commission No. \_\_\_\_\_ (Seal)

REVIEWS	FRONT COUNTER	ZONING REVIEW	SUPERVISOR REVIEW	PLANS REVIEW	VEGETATION REVIEW	SEA TURTLE REVIEW	MANGROVE REVIEW
DATE RECEIVED							
DATE COMPLETED							