

All APPLICABLE INFO MUST BE COMPLETED FOR APPLICATION TO BE ACCEPTED

Date: _____

Permit Number: _____



Agriculture Exempt 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 TYPE:

PROPOSED IMPROVEMENT LOCATION:

Address: _____

Property Tax ID #: _____ Lot No. _____

Project Name: _____

DETAILED DESCRIPTION OF WORK:

CONSTRUCTION INFORMATION:

Utilities: Sewer Septic Sq. Ft. of First Floor: _____

Cost of Construction: \$ _____ Total Sq. Ft of Construction: _____

FLOODPLAIN DEVELOPMENT PERMIT for structures exempt from Building Code that are in the floodplain:

Nonresidential Farm Building: _____ Temp. Bldg./Shed used exclusively for construction : _____

Mobile/Modular for temp. construction office: _____ Bldg. involved in distrib. of electricity: _____

Other: _____ Flood Zone: _____ BFE: _____ Floodway? Y/N If Y,

No Rise Certificate with supporting data attached? Y/N

All other applicable state and federal permits shall be obtained prior to commencement of construction.

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 HVAC 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 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 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 _____**

The forgoing instrument was acknowledged before me this ___ day of _____, 20__ by

The forgoing instrument was acknowledged before me this ___ day of _____, 20__ 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							