

Online Contractor ID # _____

**CITY OF PORT ST LUCIE
PUBLIC WORKS DEPARTMENT
Construction Permit Application**



October 1, 2016

Page 1 of 2

- Clearing
- Mass Grading
- Site Work

Project Name: _____

Phase: _____	Acres: _____
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Project Street Address or Location: _____

Contractor Company

Contractor Contact

Name: _____

Address: _____

Fax Number: _____

Name: _____

Phone Number: _____

Cell Number: _____

Email: _____

This permit includes driveway connection(s) and work within the adjacent City owned road right-of-way shown on the approved construction plan.

Contractor Acknowledgement of NPDES Requirements

NPDES Program Manager - Dale Majewski 772/ 344-4128 (772/ 344-4222 for deaf and hearing impaired)

- | | |
|--|---|
| <input type="checkbox"/> Provide a Copy of NOI Submitted to DEP to the City
<input type="checkbox"/> Call for Sediment and Erosion Control Inspection Before Permitting
<input type="checkbox"/> Stormwater Pollution Prevention Notice Posted on Site | <input type="checkbox"/> Contractor Inspection Requirements (See Handout)
<input type="checkbox"/> Submit Notice Of Termination (NOT) at Project Completion
<input type="checkbox"/> Notice Of Termination and Inspection Reports on File for Three Years |
|--|---|

Signature: _____

Date: _____

Print Name: _____

This section to be completed by the Public Works Department

Receipt #:	Permit Number: P	Date Issued:	Issued By:
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