

Architectural Pre-Review Request

Requests for Architectural Pre-Reviews must be submitted, via a completed Architectural Review Request Form, to permitting@cityofpsl.com.

If a contractor has been selected for the project, they must sign and submit the request for Architectural review.

If the Architectural Review Request is approved, the applicant shall submit digital plans signed and sealed by a licensed design professional. Each trade must be combined into one file, emailed to permitting@cityofpsl.com via Dropbox or similar link.

Examples of the file formats are:

- Site Plan
- Architecture
- Mechanical
- Electric
- Plumbing
- Automatic Fire Sprinkler
- Fire Alarm System

The fees for Architectural Pre-Review shall be calculated per City Ordinance Chapter 150, Section 109.7.2, and ICC Building Valuation Data. Any additional applicable fees, including plan review fees, will be collected at time of permit submittal. Once the Architectural Pre-Review application is approved, permitting will contact the applicant for payment. Payment must be made for review to commence.

Code changes may require re-submittals of plans and additional fees.

Note: If Compliance Review has already been approved, this request is not eligible for Architectural Pre-Review. Please submit a Building Permit.



City of Port St. Lucie Building Department

121 SW Port St. Lucie Blvd., Port St. Lucie, Fl. 34984

Ph: 772-871-5132 Website: www.CityofPSL.com/Building

Architectural Pre-Review Request Form

BOILDING					
THIS IS NOT AN APPLICATION FOR A BUILDING PERMIT					
P&Z#:	Project Name:				
Project Address (If available):		Developer:			
Contractor/Agent:	Phone#:	E-mai	:		
Architect/Engineer:	Phone#:	E-mai	l:		
Description of Work:	Total Sq.	Footage:	Stories:		
Occupancy Group:	1	Fire Sprinklers:	☐Yes ☐ No		
 Pre-Review Request: This submittal request is subject to the apstaffing. This Pre-Review is NOT a permit submittal permit issuance. The time duration for this review will be a priority will be given to plan reviews that Timelines for Pre-Reviews may be extended. Additional revisions to plan submittals wild review may be conducted after the Permitted progress of this review can be tracked request may delay the review process.) All other applicable fees will be applied applicable fees to the start of the review to Additional plan review fees, not calculated. 	ontingent upon the difference of the contingent of an office dependence of the constitute another of the constitute of the constitute another of the constitute of the contine ped via the Online ped via t	ding permit application ne current workload. cial permit submittal. of Emergency or Disa er request form and conas been submitted. portal (Please note the	ester Declaration. Unother review. at repeated update		

- 11. The prereview submittal package must include all trades. Each trade must be combined in one file that is digitally signed and sealed by a licensed design professional. The file naming convention shall include but not limited to Architecture, Structural, Mechanical, Electrical, Plumbing, Fire Alarm System, Fire Sprinkler System, Soil Investigation Report, and Energy Compliance documents.
- 12. Each building type or structure will be subject to a separate request.
- 13. I understand that all plans are subject to the code edition in effect at the time of permit submittal, regardless of when Pre-Review was completed.

I have read and understand the above conditions for the request of Architectural Review. I understand that I will be the authorized contact and sole agent for this project.

Contractor/Agent* Signature	Date
Print Name	

*Must be submitted and signed by contractor if one has been selected for project

For office use only:	
Building Official Signature	Approved
Date Anticipated Review Time Please note: Required paperwork, approved submitted to Plan Review within 10 business	



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ARCHITECTURAL PRE-REVIEW APPLICATION

(This is NOT an application for Building Permit)

ARCH REV#:	P&Z#:				
PROJECT NAME:					
ADDRESS/LOCATION (IF AVAILABLE):					
CONTRACTOR/AGENT:	COMPANY NAME:				
EMAIL:	PHONE#: FAX#:				
DEVELOPER:	OWNER NAME:				
ARCHITECT	PHONE: E-MAIL:				
ENGINEER	PHONE: E-MAIL:				
DESCRIBE WORK:		VALUATION:			
TOTAL SQUARE FEET OF BLDG:	NUMBER OF STORIES:	OCCUPANCY GROUP			
TYPE OF CONSTRUCTION PER T600:	ELEVATOR: YES NO	FIRE SPRINKLERS:			
FORMAL PERMIT APPLICATION OF THE SUBMITTAL REQUIREMENT	VIEW AT TIME OF APPLICATION TO ASSURE ATION SHALL BE MADE WITHIN 120 DAYS NTS: SIGNED AND SEALED PLANS, ENERGY N APPLICATION FOR BU	OF PRE-PERMIT SUBMITTAL. CODES AND A/C CALCS			
Signature of Submitter	Date				
Print Name					
For Office Use Only:	Architectural Fee Pa	iid:			
Received By:					
Date Received:	Receipt #:	Cash Credit Check			