

Online Contractor ID # _____

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



Revised May, 2022

- Clearing
- Mass Grading
- Site Work

Project Name (include Phase if applicable): _____

City Project Number (P#): _____

Project Street Address or Location: _____

Contractor Company

Name: _____

Address: _____

Fax Number: _____

Contractor Contact

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.

Engineer of Record and Contractor Acknowledgement of NPDES/Permitting Requirements

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

- | | |
|---|---|
| <input type="checkbox"/> < 1 Acre disturbed | <input type="checkbox"/> Provide a copy of the SFWMD Permit/Modification (if applicable) |
| <input type="checkbox"/> > 1 Acre disturbed, provide a copy of the FDEP NOI | <input type="checkbox"/> Provide a copy of the 10/2 Permit Self Certification (if applicable) |
| <input type="checkbox"/> > 1 Acre dsiburbed, provide SWPPP | |

Contractor Acknowledgement - Protection of Endangered, Threatened, or Listed Species

By signing this permit, the Contractor certifies that he has and will comply with City, State and Federal requirements for the protection or relocation of endangered, threatened or listed species.

Signature: _____

Date: _____

Print Name: _____

This section to be completed by the Public Works Department

Date Issued:	Issued By:	Preconstruction Meeting Date/Time:
Condition(s) of Approval:	Reviewed and Approved By:	