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

ROOM ADDITION PERMIT APPLICATION

Permit #: _____ Pin: _____

CONSTRUCTION UNDER THIS PERMIT SHALL BE DONE IN ACCORDANCE WITH FBC 2023 8TH EDITION			
Site Address:			
Legal Description (Section/Block/Lot):		Parcel ID:	
Owner's Information			
Name:	Email:		Phone:
Address:			
Contractor's Information			
Name:	Email:		Phone:
Address:	PSL Comp no.		State License no.
Architect's/Engineer's Information			
Name:	Email:		Phone:
Address:			State License no.

PROJECT INFORMATION

Description of work: _____

Sq. feet living: _____ Sq. feet non-living: _____ Sq. feet total: _____ Future use of addition: _____

Will this addition require any of the following? ☐ Plumbing ☐ Gas ☐ Electrical ☐ A/C ☐ Insulation
*If yes, a separate Sub-Contractor Permit must be submitted for each trade.

Specialty: _____

Is the home connected to City Water? ☐ Yes ☐ No If yes, please provide the acct. #: _____

Is the home connected to Septic? ☐ Yes ☐ No
*If yes, a copy of the Health Department's approval must be provided, for bedrooms only.

Total Valuation $_____

APPLICATION MUST BE SIGNED AND NOTARIZED BY THE CONTRACTOR AND OWNER

_____
Contractor Signature Date

_____
Print Name

_____
Notary Public, State of Florida

STATE OF FLORIDA, County of _____

[NOTARIAL SEAL]

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this _____ day of _____, 20___,by _____ who is personally known to me or has produced _____ as identification.

_____
Owner or Owner's Authorized Representative Signature Date

_____
Print Name

_____
Notary Public, State of Florida

STATE OF FLORIDA, County of _____

[NOTARIAL SEAL]

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this _____ day of _____, 20___,by _____ who is personally known to me or has produced _____ as identification.

FOR OFFICE USE ONLY

PERMIT FEE $ _____ Payment method: _____ Last 4 Digits of Credit Card or Check no.: _____ Receipt no.: _____
Application date: _____ Rec'd by: _____

Building Department
CHECKLIST FOR SINGLE-FAMILY ROOM ADDITION PERMITS

PERMIT APPLICATION – The following information must be completed on the permit application:

- For office use only - Permit number and pin number
- Site address
- Legal description
- Parcel ID
- Owner's information
- Contractor's information
- Architect/Engineer's information
- Description of work
- Sq. footage of living space, sq. footage of non-living space and total of both
- Future use of room addition
- Will the addition require any plumbing, electrical, insulation, etc.
- Specialty
- Is home connected to city water (provide acct. number)
- Is home connected to septic (provide Health Department approval)
- Valuation
- Notarized Contractor/Homeowner builder signature

PLANS AND DOCUMENTS

- Sub-contractor permit applications, if applicable
- Truss shop drawings on 8 ½" x 11" paper original signed and sealed by a Florida licensed Architect/Engineer.
- Signed energy codes
- Manual J, if space will be air conditioned
- Original signed and sealed Plot plan or property survey showing all setbacks from the property lines to the addition.
- Health Department approval, for well and septic only
- Original Plans signed and sealed by a Florida licensed Architect/Engineer.
- Product Approval Affidavit Form
- Recorded Notice of Commencement for work valued at $5,000 or more. (NOC must be submitted to permitting prior to scheduling the first inspection.)
- *** For online submittals, a signed Owner Affidavit.**
- ****If applying for the permit as a homeowner builder, a copy of the recorded warranty deed or property card showing homeowners name from the property appraiser's website must be submitted, along with HOB Affidavit. Homeowner must personally appear at the Building Department to have their signature notarized.**

This checklist is intended for Building Department use only. Additional documents may be requested at any time during the permitting process. Any exceptions must be approved by a Supervisor.

Updated 2-2-21 YP

City of Port Saint Lucie Building Department Product Approval Submittal Affidavit

Permit # **Building Address:** **Contractor:**

Opening Schedule: Swing Doors, Overhead Doors, Sliding Doors, Fixed Glass, Windows & Skylights

FL # or Miami-Dade	Product	Model #	Manufacturer	Glass Description	Attachment Method Type, Size, Spacing & Embedment	Building Design Pressure	Product Design Pressure

Product	Model #	Manufacturer	Attachment Method Type, Size, Spacing, Embedment & Stiffener etc.	Building Design Pressure	Product Design Pressure
Mullions					
Roof					
Siding					
Soffit					
Hurricane Panels Less than 6' span			Gauge of Steel		
Hurricane Panels 6' span or more			Gauge of Steel		

Please customize the size of this form for your specific structure. It is not intended that you fit the product approval information into the provided spaces. This form is provided as a template.

revised 07/12/2016 tv