



**OFFICE USE ONLY:**

**DATE FILED:** \_\_\_\_\_

**PERMIT #** \_\_\_\_\_

**REVISION FEE:** \_\_\_\_\_

**RECEIPT #** \_\_\_\_\_

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**PLANNING & DEVELOPMENT SERVICES**  
**BUILDING & CODE REGULATION DIVISION**  
2300 VIRGINIA AVENUE  
FORT PIERCE, FL 34982-5652  
(772) 462-1553

**APPLICATION FOR BUILDING PERMIT REVISIONS**  
**PROJECT INFORMATION**

**LOCATION/SITE**  
**ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_

**DETAILED DESCRIPTION OF PROJECT**  
**REVISIONS:**

\_\_\_\_\_  
\_\_\_\_\_

**CONTRACTOR INFORMATION:**

STATE of FL REG./CERT. #: \_\_\_\_\_ ST. LUCIE CO CERT. #: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

QUALIFIERS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE (DAYTIME): \_\_\_\_\_ FAX: \_\_\_\_\_

**OWNER/BUILDER INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE (DAYTIME): \_\_\_\_\_ FAX: \_\_\_\_\_

**ARCHITECT/ENGINEER INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE (DAYTIME): \_\_\_\_\_ FAX: \_\_\_\_\_