



# MAJOR SUBDIVISION PROCESS CONCEPTUAL / PRELIMINARY PLAT APPLICATION

Community & Economic Development Department  
1911 Boundary Street, Beaufort, South Carolina, 29902  
p. (843) 525-7011 / f. (843) 986-5606  
Email: [development@cityofbeaufort.org](mailto:development@cityofbeaufort.org) / [www.cityofbeaufort.org](http://www.cityofbeaufort.org)

*Application Fee: \$0*

**OFFICE USE ONLY:** **Date Filed:** \_\_\_\_\_ **Application #:** \_\_\_\_\_ **Zoning District:** \_\_\_\_\_  
**Site Area:** \_\_\_\_\_ **Meeting Date:** \_\_\_\_\_

**Schedule:** The Metropolitan Planning Commission (MPC) typically meets the 3<sup>rd</sup> Monday of each month at 5:30pm. The complete schedule, along with the list of deadlines, may be found here - <http://www.cityofbeaufort.org/metropolitan-planning-commission.aspx>

**Review Request:**  Conceptual  Preliminary

**Submittal Requirements:** 7 hard copies and 1 digital copy of all forms and information are required. In addition to a complete application form, applicants are required to submit the following information. Additional information, such as traffic studies, stormwater concepts/calculations, arborist report, may be required.

**Conceptual Request:** Sketch Plan as described in Section 9.3.1.B, Conceptual Plat showing lots, roads and street sections, sidewalks, existing/proposed trees, open space.

**Preliminary Request:** Site Plan for Preliminary Plat as described in Section 9.3.1.C

Pursuant to Section 6-29-1145 of the South Carolina Code of Laws, is this tract or parcel restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this application?  Yes  No

## Applicant, Property, and Project Information

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant E-mail: \_\_\_\_\_ Applicant Phone Number: \_\_\_\_\_

Applicant Title:  Homeowner  Tenant  Architect  Engineer  Developer  Contractor

Owner (if other than the Applicant): \_\_\_\_\_

Owner Address: \_\_\_\_\_

**Project Name:** \_\_\_\_\_

Property Address: \_\_\_\_\_

Property Identification Number (s):(Tax Map & Parcel Number): \_\_\_\_\_

Meeting Date Requested: \_\_\_\_\_



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**Certification of Correctness:** I/we certify that the information in this application is correct.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Required Project Information**

Project Name: \_\_\_\_\_

Site Area in Acres: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Proposed Allocations (in acres and gross %):

Developed Area: \_\_\_\_\_ Civic/Open Space: \_\_\_\_\_

Provide a brief Project Narrative:

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**CONTACT INFORMATION** – Application form & supplementary information may be submitted via email:

Attention: Julie A. Bachety, Administrative Assistant II



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