



PROJECT PERMIT APPLICATION NEW CONSTRUCTION AND MAJOR RENOVATIONS

Community Development Department

1911 Boundary Street, Beaufort, South Carolina, 29902

p. (843) 525-7049 / f. (843) 986-5606 / permits@cityofbeaufort.org / www.cityofbeaufort.org

OFFICE USE ONLY:

Date Filed: _____

Application #: _____

Zoning District: _____

Permit Fee: _____

This application shall be filled out in its entirety prior to submittal or processing.

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

The owner of the property is aware of and has authorized the proposed work as described in this application. Yes No

RESIDENTIAL COMMERCIAL HISTORIC DISTRICT ARB/HOA Neighborhood (copy of approval required)

FLOOD ZONE _____ ELEVATION REQUIRED _____ MSL / WIND ZONE _____ SEISMIC ZONE _____

Applicant/Contractor Name: _____ SC State License No.: _____

Applicant E-mail: _____ Applicant Phone Number: _____

Applicant Title: Homeowner Tenant Architect Engineer Developer Contractor

Property Owner: _____ Owner's Email Address: _____

Property Address: _____ PIN NO: _____

Developed under _____ District/Zone (for Commercial Only) TOTAL COST: _____

BUILDING: \$_____ ELECTRICAL: \$_____ PLUMBING: \$_____ GAS: \$_____ HVAC: \$_____ SITE WORK: \$_____

COMMERCIAL SINGLE FAMILY MULTI-FAMILY

TYPE OF CONSTRUCTION (I.E. IIB, VB, etc.) _____

OCCUPANCY TYPE (I.E. R-3, Mercantile) _____

CHANGE OF OCCUPANCY: YES NO SPRINKLED: YES NO

NUMBER OF ROOMS: _____ Bedrooms: _____ Bathrooms: _____

NUMBER OF STORIES: _____ NUMBER OF UNITS: _____

TYPE OF HEATING: GAS ELECTRIC

TYPE OF AC: CENTRAL WINDOW

TYPE OF SEWAGE: BWSA SEPTIC NO.

NEW NET SQ. FT.: (heated) (i.e. house & bonus room) _____

NEW NET SQ. FT.: (unheated) (i.e. garage & porches) _____

NEW GROSS SQ. FT.: (heated + unheated) _____

NEW GARAGE: Attached Detached (total Sq. Ft.) _____

GROUND FLOOR (FOOTPRINT) SQ. FT.: _____

TOTAL LOT SQ. FT.: _____

NEW IMPERVIOUS SQ. FT. _____

EXISTING IMPERVIOUS SQ. FT. _____

PERVIOUS SQ. FT. _____

FINISHED FLOOR ELEVATION (FFE): _____

SCOPE OF WORK - DESCRIBE IN DETAIL:

Applicant Signature: _____ Date: _____

Approved By: _____ Date: _____