



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

I acknowledge that the Department engages in a concurrent review and any extensive changes in design or construction during the review period may require a second review and additional fees. _____ Initial

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: _____

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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: BJWSA 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: _____



BUILDING PERMIT REQUIREMENT CHECKLIST FOR RESIDENTIAL AND COMMERCIAL

Updated 10/29/24

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1911 Boundary Street, Beaufort, South Carolina, 29902

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ITEMS REQUIRED	RESIDENTIAL	COMMERCIAL
<input type="checkbox"/> Property usage meets requirements of The Beaufort Code	X	X
<input type="checkbox"/> Previous Use (for existing commercial buildings)		X
<input type="checkbox"/> Permit Application completed entirely (include Pre-Subcontractor List with name, address, TBD, or N/A and contract amount)	X	X
<input type="checkbox"/> Digital copy of plans (including Drainage/Grading plan showing existing & proposed contours) – (Email to hstephenson@cityofbeaufort.org)	X	X
<input type="checkbox"/> Complete hardcopy sets of plans drawn to scale (signed and stamped by a SC registered Architect and/or Engineer – one original) stapled, include the following:	2 Sets 24 x 36 (size)	3 Sets 24 x 36 (size)
<input type="checkbox"/> Site Plan drawn to scale (should reference included <u>signed</u> survey, include bldg. footprint & FFE, setbacks, driveways/parking, mech equip., % of impervious surface)	X	X
<input type="checkbox"/> Tree Topo/Survey (include legend showing trees to be removed & remain) (individually listed)	Can be included in grading/drainage plan	X
Architectural Plans shall include the following: <input type="checkbox"/> Foundation Plan <input type="checkbox"/> Floor Plan <input type="checkbox"/> Plumbing Plan <input type="checkbox"/> Electrical Plan <input type="checkbox"/> HVAC Plan <input type="checkbox"/> Gas Plan <input type="checkbox"/> Flood Zone Info (always include Finished Floor Elevations – FFE)	X	X
<input type="checkbox"/> Tree Removal Application (if applicable)	X	X
<input type="checkbox"/> Statement of Understanding by Prime Contractor	X	X
<input type="checkbox"/> Energy Code Checklist (REScheck)	X	
<input type="checkbox"/> Manual J & S	X	
<input type="checkbox"/> Soil Report (Geotech Report)		X
<input type="checkbox"/> Energy Code Checklist (COMcheck)		X
<i>Required/confirmed prior to accepting an application</i>		

APPROVALS FROM THE FOLLOWING WILL BE REQUIRED BEFORE A PERMIT CAN BE ISSUED:

BUILDING CODES RESPONSIBILITY: The Building Codes Department coordinates review by Building Official, Planning & Zoning, Drainage/Grading, and Fire Marshal (for Commercial).

APPLICANT'S RESPONSIBILITY:

For Residential and Commercial Projects:

- Design Review – HRB, DRB or Staff (*if applicable, to be done prior to submitting for a project permit*)
- SCDOT or City Encroachment Permit (**required for all driveways or curb cuts**)
- All subcontractors are required to obtain a City of Beaufort Business License prior to any work on jobsite
- Tree Protection, Silt Fence Installation & construction driveway consistent with 2018 Beaufort County Stormwater BMP – email hstephenson@cityofbeaufort.org when this is complete.
- Special Inspection Application (if applicable) - *submitted for approval prior to start of work*

For Commercial Projects ONLY: (All of the above, plus)

- May need to attend a Pre-Con meeting (Call 843-379-7051 to schedule)
- Asbestos Survey (required for all demolitions/renovations (if asbestos is found, a DHEC Permit will be required)
- DHEC and/or OCRM Approval (if applicable)
- EPA Approval (i.e. gas stations, fuel tanks, etc.)
- State Fire Marshal's Office (for sprinkler systems ONLY) – FSSS & Cert of Compliance required at Plans Review
- BJWSA – see www.bjwsa.org for more details

Applicant's Signature

Business Name

Date



MAJOR SUBCONTRACTOR'S LIST NEW CONSTRUCTION AND MAJOR RENOVATIONS

Business License Division (buslicense@cityofbeaufort.org)

Building Permits (permits@cityofbeaufort.org)

1911 Boundary Street, Beaufort, South Carolina, 29902

p. (843) 525-7025 / f. (843) 470-3517 www.cityofbeaufort.org

Instructions:

1. Complete this form in its entirety and submit with your application.
2. Every work type needs to have an entry under the name/address column. Entries will be: {subs name/address}, {gc}, {owner}, {tbd} or {n/a}, according to which best applies to each trade.
3. Ensure job amount is listed for all subs.
4. An updated sub list will be required prior to permanent service (if applicable).

PRIME CONTRACTOR: _____ JOB ADDRESS: _____

OWNER NAME: _____ PERMIT NUMBER: _____

AS THE PRIME CONTRACTOR, YOU ARE SOLELY RESPONSIBLE TO ENSURE THAT ALL SUBCONTRACTORS OBTAIN AND/OR HAVE A CURRENT CITY OF BEAUFORT BUSINESS LICENSE AND A SOUTH CAROLINA STATE LICENSE (WHERE APPLICABLE) BEFORE STARTING THEIR PRESCRIBED PORTION OF WORK LISTED ON THE SUBCONTRACTOR LIST. AN UPDATED SUBCONTRACTOR LIST WILL BE REQUIRED WHEN ANY CHANGES ARE MADE OR WHEN REQUESTED BY THE CITY. ALL PORTIONS OF WORK LISTED AS THE PRIME CONTRACTOR MAY REQUIRE YOU TO PROVIDE PAYROLL RECORDS OR W-2 WITHHOLDING RECORDS TO SUBSTANTIATE EMPLOYEE STATUS.

FAILURE TO COMPLY MAY RESULT WITH A STOP WORK ORDER AND/OR THE ISSUANCE OF A UNIFORM ORDINANCE SUMMONS.

I acknowledge that I have read and understand the above statement, and I agree to comply with all contained therein.

SIGNATURE OF CONTRACTOR

PHONE NUMBER

DATE

Type of Subcontractor Work	Name and address of Subcontractor	Amount of Job	Check One	
			TEMP	ANNUAL
ARCHITECTS				
AWNING INSTALLER				
BLOCK/BRICK MASONRY				
CABINET INSTALLER				
CARPET/VINYL INSTALLER				
CEILING INSTALLER				
CERAMIC TILE INSTALLER				
CHIMNEY INSTALLER				
CLEANING SERVICES				
CONCRETE FINISHER				
DECORATOR (INTERIOR)				
DEVELOPERS				
DRYWALL				

Type of Subcontractor Work	Name and address of Subcontractor	Amount of Job	Check One	
			TEMP	ANNUAL
DOORS				
DRAPER SERVICE				
ELECTRICAL				
ELEVATOR INSTALLER				
EQUIPMENT RENTAL				
EXTERMINATOR/ PRETREAT				
ENGINEER				
FENCING				
FIRE/SECURITY ALARM INSTALLER				
FIREPLACE INSTALLER				
FIRE SPRINKLER INSTALLER				
FLOORING				
FRAMING				

Type of Subcontractor Work	Name and address of Subcontractor	Amount of Job	Check One	
			TEMP	ANNUAL
GARAGE DOORS				
GAS INSTALLER				
GLASS INSTALLER				
GREASE TRAP INSTALLER				
HEATING/AIR CONDITION				
HOOD SYSTEM INSTALLER				
HOUSE MOVER/ DEMOLITION				
INSULATION				
IRON/STEEL INSTALLER				
IRRIGATION INSTALLER				
LAND/LOT CLEARING				
LANDFILLING				
LANDSCAPING				

Type of Subcontractor Work	Name and address of Subcontractor	Amount of Job	Check One	
			TEMP	ANNUAL
PAINING				
PAVING				
PLUMBING				
PORTABLE TOILETS				
RADIO/TV INSTALLER				
ROOFING				
SCAFFOLDING				
SCREEN INSTALLER				
SEPTIC TANK INSTALLER				
SIGN INSTALLER				
SIDING INSTALLER				
SPRAY ON STEEL FIRE PROTECTION				
STUCCO				
SURVEYOR				

Type of Subcontractor Work	Name and address of Subcontractor	Amount of Job	Check One	
			TEMP	ANNUAL
SWIMMING POOL				
TEMP LABOR PROVIDER				
TIN & METAL				
TREE SURGEON				
TRIM (EXTERIOR)				
TRIM (INTERIOR)				
TRUSSES INSTALLER				
WASTE BIN RENTAL				
WELL DRILLING				
WINDOWS				
OTHER				
OTHER				
OTHER				



LICENSE PERMISSION SHEET

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In an effort to protect licensed contractors and citizens of this jurisdiction, from unlawful and unlicensed contractors we have developed this form that will remain on file. Thank you for your cooperation.

Date : _____

License Holder: _____

Email: _____

License Type: _____ License Number: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

I give the following person permission to pull construction permits under my state license number.

Name: _____

Position: _____

Phone: _____ Email: _____

Please attach additional names with their information (if needed).

License Holder Signature _____
Date

On this ____ day of _____, 20__, _____
personally appeared before me _____ who
stated that (s)he is the _____ of _____,
and that the instrument was signed in behalf of the said company/ corporation
by authority of its board of directors and acknowledged said instrument to be its
voluntary act and deed. Before me:

Notary Public for South Carolina

Seal

My Commission Expires: _____.



TREE REMOVAL/PRUNING APPLICATION

Community Development Department
1911 Boundary Street, Beaufort, South Carolina, 29902
p. (843) 525-7049 / f. (843) 986-5606 /
Email: permits@cityofbeaufort.org / Website: www.cityofbeaufort.org

Application Fee: \$ _____

OFFICE USE ONLY: Date Filed: _____ Application #: _____

Zoning District: _____

CRITERIA FOR REVIEWING APPLICATIONS FOR TREE REMOVAL: The following criteria shall be considered by the administrator in determining whether or not to issue a zoning permit. **For all specimen and landmark tree removal requests, a certified arborist report is required. The city's licensed arborist will conduct an independent inspection to verify the condition of the tree(s).**

1. **HEALTH:** Whether or not the tree is in good health, according to a certified arborist report or staff evaluation.
2. **DEVELOPMENT POTENTIAL:** Whether or not the tree constrains reasonable development of the specific site, considering lot size, applicable setbacks, context, building type and use, stormwater requirements and other relevant site development considerations.
3. **ACCESS:** Whether or not the tree is a hazard to pedestrian, bicycle, or vehicular traffic.
4. **STRUCTURAL INTERFERENCE:** Whether or not the tree presents a hazard to buildings, structures, or utility lines.
5. **COST:** Whether or not there are cost-effective alternatives to tree removal.

SPECIMEN AND LANDMARK TREES: Certain trees, because of their species and size, are an asset to both the City and individual property owners and are hereby designated as "specimen" and "landmark" trees.

- **PRESERVATION OF SPECIMEN AND LANDMARK TREES:** Reasonable design alternatives shall be explored to preserve these trees to the extent practicable.

APPLICANT AND PROPERTY INFORMATION:

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

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

APPLICANT/CONTRACTOR NAME: _____

APPLICANT E-MAIL: _____ APPLICANT PHONE NO.: _____

PROPERTY OWNER: _____

OWNER E-MAIL: _____ OWNER PHONE NO.: _____

PROPERTY ADDRESS: _____



TREE REMOVAL/PRUNING APPLICATION

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Application Fee: \$ _____

TREE(S) TO BE REMOVED / PRUNED (Circle one)

Type of Tree

Diameter (54" from ground)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

REASON FOR REMOVAL/PRUNING (Attach any supporting documentation, pictures, etc.):

- PLEASE INDICATE IF TREE IS IN A FENCED YARD CONTAINING A DOG(S): YES NO
- IF YES, PROVIDE THE OWNERS CONTACT NUMBER FOR ACCESS TO FENCED YARD FOR TREE INSPECTION: _____

PLEASE NOTE: Contractors are responsible for removing and properly disposing of all tree debris from the job site (I.E. cannot be left on curb for others to pick up). Trunk sections kept by property owner shall be in rear of property.

CERTIFICATION OF CORRECTNESS: I/we certify that the information in this application is correct.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

- REQUEST TO REMOVE/PRUNE TREES APPROVED: BY: _____
- REQUEST TO REMOVE/PRUNE TREES DENIED: BY: _____



CITY OF BEAUFORT
Community Development Department
1911 BOUNDARY STREET
BEAUFORT, SC 29902
(843) 525-7040
FAX (843) 986-5606

STATEMENT OF UNDERSTANDING BY PRIME CONTRACTOR

1. Subcontractors shall be licensed on the same basis as general or prime contractors for the same job, and no deductions shall be made by a general or prime contractor for value of work performed.
2. The contractor must furnish the City a list, including the NAME, ADDRESS, AND AMOUNT OF EACH CONTRACT for all subcontractors and individual craftsmen not employed by the general contractor. If the subcontractor claims to be an employee, then they may be requested to produce payroll records or W2 withholding records.
3. If the subcontractor or craftsmen are unknown at the time the permit is applied for, the prime contractor shall furnish the City with such a list prior to the subcontractor's performance of said work. However, if the project is considered 'minor', subcontractors shall be listed prior to permit being issued and all licenses verified.
4. The prime contractors, before requesting permanent utility service (if applicable) or final inspection (Certificate of Occupancy) from the Codes Enforcement Office, SHALL complete an 'updated' subcontractor's list and turn in, along with all fees paid in full.
5. As the prime contractor, it is your responsibility to make sure all subcontractors working on your job have a current business license and are registered with the State (if applicable). If not, as the prime contractor, you will be responsible for the subcontractors' business license fees. Such violations shall be punishable by a fine not to exceed the maximum penalty allowed by state law and/or 30 days imprisonment, or both, at the discretion of the court for each violation. **THERE WILL BE NO EXCEPTIONS TO THIS REQUIREMENT.**

I, the undersigned, have read and understand the above statement and have received the subcontractor's form from the Building Codes Office or the Business License Office.

SITE ADDRESS: _____ DATE: _____

COMPANY'S NAME: _____

SIGNATURE: _____ TITLE: _____

DATE: _____ PERMIT: _____

EFFECTIVE IMMEDIATELY

SILT FENCE AND TREE
PROTECTION SHALL BE
INSTALLED

AND

APPROVED

PRIOR TO SITE DISTURBANCE
AND THE ISSUANCE OF
A PERMIT

**CONTACT THE DEVELOPMENT REVIEW
COORDINATOR AT
843-379-7051 OR VISIT OUR WEBSITE FOR
REQUIREMENTS AT www.cityofbeaufort.org**

THANK YOU!