



**CITY OF BEAUFORT  
PUBLIC WORKS DEPARTMENT  
16 Burton Hill Road  
Mailing Address: 1911 Boundary Street  
Beaufort, South Carolina 29902  
FAX (843) 525-7095**

**SCOTT MARSHALL**  
City Manager  
843-525-7070

**NATHAN M. FARROW**  
Public Works Director  
843-525-7054

**Encroachment Permit Application**

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

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

\_\_\_\_\_

Phone: Business: \_\_\_\_\_ Cell : \_\_\_\_\_ Home: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contractor: \_\_\_\_\_

Street Name: \_\_\_\_\_

Nearest intersecting street: \_\_\_\_\_ Start date: \_\_\_\_\_

Road surface:     Paved,                       Dirt,                      ROW width: \_\_\_\_\_

Duration of modification:             Permanent,                       Temporary

Plans/Drawings submitted:                       Yes                       No

Detailed Description of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of permit requested

- Road Opening
- Road Crossing
- Driveway
- Driveway culvert
- Drainage ditch
- Emergency opening
- Above ground utility  
Infrastructure
- Blanket utility permit
- OTHER: \_\_\_\_\_

\_\_\_\_\_

Length of permit requested

- 30 days
- 60 days
- 90 days
- 6 months
- 1 year
- Other: \_\_\_\_\_

Location of work

- Left travel lane
- Right travel lane
- Center line of road  
(+/- 3 feet)
- Road shoulder
- Bottom of ditch
- Back slope of ditch
- Other: \_\_\_\_\_

**I HAVE READ THE STANDARD PERMIT CONDITIONS ON THE REVERSE SIDE AND AGREE TO COMPLY WITH AND IMPLEMENT THEM ALONG WITH ANY ADDITIONAL TERMS AND CONDITIONS WHICH MAY BE IMPOSED.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

