

**CITY OF BEAUFORT
SAFETY PERMIT APPLICATION**

\$50

DATE: _____
BUSINESS NAME: _____
ADDRESS: _____
APPLICANT'S NAME: _____
PHONE NUMBER: _____
EMAIL ADDRESS: _____

For Official Use ONLY:

Date: _____
Approved By: _____
Change of use: Yes No
Zoning: _____
TMP: _____

Describe (in detail) the proposed business to be conducted at the above address:

NOTE: WINDOWS ARE NOT ALLOWED TO BE COMPLETELY COVERED – A 3 X 3 MINIMUM OPENING IS REQUIRED.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- | |
|---|
| 1. Who was the previous occupant? (required) |
| 2. Square Footage of space? (required): |
| 3. Are you moving from a location within the City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, where are you moving from? |
| 4. Are you planning to do any renovations? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Will you require signage? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Is Building Sprinkled? <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

FOR OFFICIAL USE ONLY:

COMMENTS: _____

Ready for Preliminary Inspection: Yes No **When?** _____

APPLICANT'S SIGNATURE _____