



**CITY OF BEAUFORT
DEPARTMENT OF PLANNING
AND DEVELOPMENT SERVICES**
1911 BOUNDARY STREET
BEAUFORT, SOUTH CAROLINA 29902
PHONE: (843) 525-7011
FAX: (843) 986-5606

REQUEST TO CONSOLIDATE
Application Fee: \$25

Please **TYPE** or **PRINT** legibly
Revised August 2010

PIN Parcel #1:
(i.e., District, Map & Parcel No.) _____

PIN Parcel #2:
(i.e., District, Map & Parcel No.) _____

Property Address: _____

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____

Property Owner Name: _____

Please consolidate lots as shown on the attached plat.

Applicant (Print Name) Date

Applicant Owner (Sign Name) Date

Property Owner (Print Name) Date
Sign only if different than applicant

Property Owner (Sign Name) Date
Sign if different than applicant

OFFICE USE ONLY
ZONING DISTRICT: _____