

INFORMATION NEEDED PRIOR TO ISSUING A DEMOLITION PERMIT

- THE ADDRESS IS SENT TO THE PLANNING DEPARTMENT TO VERIFY IF IT IS LISTED ON ANY HISTORIC REGISTER.
- THE OWNER OF THE PROPERTY IS VERIFIED ACCORDING TO THE BEAUFORT COUNTY ASSESSOR'S RECORDS.
- IF SOMEONE OTHER THAN THE HOMEOWNER IS APPLYING FOR THE PERMIT, THE HOMEOWNER WILL NEED TO SUBMIT SOMETHING IN WRITING STATING THAT THEY APPROVE THE DEMOLITION.
- THE MISCELLANEOUS PERMIT APPLICATION AND SUBCONTRACTOR LIST WILL NEED TO BE FILLED OUT.
- RESIDENTIAL FEE: \$100.00 FOR A COMPLETE DEMOLITION
- COMMERCIAL FEE: \$200.00 FOR A COMPLETE DEMOLITION

NOTE: FOR A COMMERCIAL DEMOLITION PERMIT – AN ASBESTOS SURVEY IS REQUIRED FOR ALL MINOR AND MAJOR DEMOLITION WORK. IF ASBESTOS IS DETECTED, A DHEC PERMIT WILL BE NEEDED. A DHEC PERMIT IS NEEDED ON ALL COMPLETE DEMOLITIONS WHETHER ASBESTOS IS DETECTED OR NOT.

MISCELLANEOUS PERMIT FOR CONSTRUCTION IN CITY OF BEAUFORT, SOUTH CAROLINA

DIVISION OF INSPECTIONS
1911 Boundary Street, Beaufort, SC 29902
PH: (843) 525-7040 – FAX: (843) 986-5606

PERMIT NUMBER: _____

EMAIL ADDRESS: _____

PERMIT FEE: \$ _____

DISTRICT	TAX MAP SHEET	SUB-MAP	PARCEL	BLOCK	DATE ISSUED
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ADDRESS: _____

FLOOD ZONE _____ ELEVATION REQUIRED _____ MSL - RESIDENTIAL COMMERCIAL

OCCUPANCY CLASSIFICATION: _____ (i.e. Single Family, Multi-Family, Retail, Business, Church, etc.)

NAME	MAILING ADDRESS, NO. ST.	CITY & STATE	ZIP CODE	TELEPHONE NO.
OWNER				
GEN. CONT.				

- | | | |
|--|--|---|
| <input type="checkbox"/> Mobile Home \$ _____
<input type="checkbox"/> Swimming Pool \$ _____
<input type="checkbox"/> Demolition \$ _____
<input type="checkbox"/> Sign \$ _____
<input type="checkbox"/> Moving Structures \$ _____
<input type="checkbox"/> Tree Removal \$ _____ | | <input type="checkbox"/> Plumbing \$ _____
<input type="checkbox"/> HVAC \$ _____
<input type="checkbox"/> Gas \$ _____
<input type="checkbox"/> Electric \$ _____
<input type="checkbox"/> Safety \$ _____
<input type="checkbox"/> Misc. _____ \$ _____ |
|--|--|---|

TOTAL: \$ _____

ANY HORIZONTAL OR VERTICAL CONSTRUCTION REQUIRES THE FOLLOWING INFORMATION:

TOTAL LOT SQUARE FOOTAGE: _____ SQ. FT.

EXISTING IMPERVIOUS SURFACE: _____ SQ. FT. (INCLUDING HOUSE, DRIVEWAYS, SIDEWALKS, ETC.)

NEW IMPERVIOUS SURFACE: _____ SQ. FT.

PERVIOUS SURFACE: _____ SQ. FT.

SCOPE OF WORK:

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

APPLICANT'S SIGNATURE: _____ DATE: _____

SUBCONTRACTOR LIST AFFIDAVIT

CITY OF BEAUFORT BUSINESS LICENSE

1911 BOUNDARY STREET

BEAUFORT, SC 29902

Ph: (843) 525-7025/Fax: (843) 986-5606

THIS FORM NEEDS TO BE FILLED OUT IN ITS ENTIRETY PRIOR TO A PERMIT BEING ISSUED AND UPDATED AS NEEDED

OWNER: _____ PERMIT #: _____

PRIME CONTRACTOR: _____ PHONE: _____

SITE ADDRESS: _____

OWNER OR PRIME CONTRACTOR HIRING NO SUBCONTRACTORS:

AS THE OWNER OF THE ABOVE SITE ADDRESS, I WILL BE DOING ALL THE WORK FOR THE PROJECT LISTED ON THE ABOVE PERMIT #. I UNDERSTAND THAT IF I HIRE SOMEONE ELSE TO DO ANY OF THE WORK, I WILL NEED TO COMPLETE THE LOWER PORTION AND RETURN TO THE BUSINESS LICENSE DEPARTMENT PRIOR TO RECEIVING MY FINAL INSPECTION APPROVAL FROM THE CITY CODES ENFORCEMENT OFFICE.

SIGNATURE: _____ PHONE: _____ DATE: _____

OWNER OR PRIME CONTRACTOR WITH HIRED SUBCONTRACTORS:

I UNDERSTAND, AS A PRIME CONTRACTOR OR OWNER, THAT I AM TO ENSURE THAT ALL SUBCONTRACTORS HAVE A CURRENT CITY OF BEAUFORT BUSINESS LICENSE AND ARE REGISTERED WITH THE STATE (WHERE APPLICABLE) AND THAT ALL LICENSE FEES ARE PAID. **NO PERMIT WILL BE ISSUED UNTIL THE LICENSE STATUS OF THE SUBCONTRACTORS LISTED BELOW IS VERIFIED AND APPROVED BY THE CITY OF BEAUFORT BUSINESS LICENSE DEPARTMENT.**

SIGNATURE: _____ PHONE: _____ DATE: _____

LIST BELOW EACH OF THE SUBCONTRACTOR(S) WHO WILL BE WORKING ON THE ABOVE MENTIONED JOB BY THE HOUR, THE JOB, OR BY CONTRACT:

Subcontractor business name: _____ **OFFICIAL USE:**
Sub's address/phone: _____
Type of Sub's work done: _____ Lic Fee: _____
BUSINESS LIC. NUMBER: _____ Job cost: _____ Lic Pd: _____

Subcontractor business name: _____ **OFFICIAL USE:**
Sub's address/phone: _____
Type of Sub's work done: _____ Lic Fee: _____
BUSINESS LIC. NUMBER: _____ Job cost: _____ Lic Pd: _____

Subcontractor business name: _____ **OFFICIAL USE:**
Sub's address/phone: _____
Type of Sub's work done: _____ Lic Fee: _____
BUSINESS LIC. NUMBER: _____ Job cost: _____ Lic Pd: _____

Subcontractor business name: _____ **OFFICIAL USE:**
Sub's address/phone: _____
Type of Sub's work done: _____ Lic Fee: _____
BUSINESS LIC. NUMBER: _____ Job cost: _____ Lic Pd: _____

BELOW IS A SAMPLE LIST OF THE TYPE OF WORK THAT IS ASSOCIATED WITH CONSTRUCTION RELATED JOBS. LIST SUBCONTRACTORS WHO DID THESE AND ANY UNLISTED JOB TYPES ON THIS PROJECT:

INSTALLATION CATEGORIES: AUTOMATIC IRRIGATION/FIRE SPRINKLER, AWNING/SIGN, BURGULAR/FIRE ALARM SYSTEM, CABINET, CARPET/VINYL/FLOORING, CARPENTRY, CEILING, CERAMIC TILE, CHIMNEY, COUNTER TOPS, DOORS, ELEVATOR, FENCE, FIREPLACE, GARAGE DOORS, GAS, GLASS, GREASE TRAP, HOOD SYSTEM, IRON/STEEL, KITCHEN/BATH/BOOKCASE, RADIO/TV/SATELITE DISH, SCREEN, SEWER, SEPTIC TANK, SIDING, TELEPHONE/PA SYSTEMS, TRUSSES AND OTHERS.

OTHER CATEGORIES: BLOCK/BRICK MASONRY, CLEANING SERVICES, CONCRETE FINISHER, INTERIOR DECORATOR, DRYWALL, ELECTRICAL, EXTERMINATOR/PEST CONTROL, FRAMING, HVAC, HOUSE MOVER/DEMOLITION, INSULATION, LOT CLEARING, LAND DEVELOPMENT/IMPROVEMENTS, LANDFILLING, LANDSCAPING, MILLWORK, PAINTING, PAVING, PLUMBING, PORTABLE TOILETS, ROOFING, SECURITY SERVICES, STUCCO, SWIMMING POOL, TIN/METAL, TREE SURGEON/REMOVAL, TRIM CARPENTER, TRIM INTERIOR/EXTERIOR, WALLPAPER HANGER, WASTE BIN RENTAL, WELL DRILLING, WINDOWS & OTHERS.