

# 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: \$ \_\_\_\_\_

PROJECT 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"/> Storage Shed **      \$ _____<br><input type="checkbox"/> Swimming Pool **      \$ _____<br><input type="checkbox"/> Demolition **      \$ _____<br><input type="checkbox"/> Awning (new) **<br><input type="checkbox"/> with sign      \$ _____<br><input type="checkbox"/> Awning (re-cover) **<br><input type="checkbox"/> with sign      \$ _____<br><input type="checkbox"/> Addition (small) **      \$ _____<br><input type="checkbox"/> Fence**      \$ _____ |  | <input type="checkbox"/> Plumbing      \$ _____<br><input type="checkbox"/> HVAC      \$ _____<br><input type="checkbox"/> Gas      \$ _____<br><input type="checkbox"/> Electric      \$ _____<br><input type="checkbox"/> Re-Roof      \$ _____<br><input type="checkbox"/> Banner      \$ _____<br><input type="checkbox"/> Misc. _____      \$ _____ |
|--|--|--|

\*\* Additional paperwork required – Contact 843-525-7049 for paperwork requirements      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.