



APPLICATION FOR CONSTRUCTION IN CITY OF BEAUFORT, SOUTH CAROLINA

DEPARTMENT OF INSPECTIONS
1911 Boundary Street, Beaufort, SC 29902
Ph: 843-525-7040 Fax: 843-986-5606

PERMIT NUMBER: _____

IMPACT FEE: \$ _____

PERMIT FEE: \$ _____

EMAIL ADDRESS: _____

PROPERTY IDENTIFICATION NUMBER (PIN): _____

LOCATION OF BUILDING: LOT _____ SUBDIVISION _____

ADDRESS: _____ RESIDENTIAL COMMERCIAL

FLOOD ZONE _____ ELEVATION REQUIRED _____ MSL / WIND ZONE _____ SEISMIC ZONE _____

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

COST DATA

BUILDING: \$ _____

ELECTRICAL: \$ _____

PLUMBING: \$ _____

HVAC: \$ _____

TOTAL COST: _____

COMMERCIAL SINGLE FAMILY MULTI-FAMILY

TYPE OF CONSTRUCTION (I.E. IIB, VB, etc) _____

OCCUPANCY TYPE (I.E. R-3, Mercantile) _____

CHANGE OF OCCUPANCY : YES NO

NUMBER OF ROOMS _____ Bedrooms _____ Bathrooms _____

NUMBER OF STORIES _____ NUMBER OF UNITS _____

TYPE OF HEATING GAS ELECTRIC

TYPE OF AC CENTRAL WINDOW

TYPE OF SEWAGE BJWSA SEPTIC NO.

NEW NET SQ. FT. (heated) (i.e. house & bonus room) _____

NEW NET SQ. FT. (unheated) (i.e. garage & porches): _____

NEW GROSS SQ. FT. (heated + unheated) _____

NEW GARAGE Attached Detached (total Sq. Ft.) _____

GROUND FLOOR SQ. FT. _____

TOTAL LOT SQ. FT. _____

NEW IMPERVIOUS SQ. FT. _____

EXISTING IMPERVIOUS SQ. FT. _____

PERVIOUS SQ. FT. _____

SPRINKLED: YES NO

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: _____



CITY OF BEAUFORT
DEPARTMENT OF PLANNING
AND DEVELOPMENT SERVICES
 1911 BOUNDARY STREET
 BEAUFORT, SC 29902
 (843) 525-7040
 FAX (843) 986-5606

BUILDING PERMIT REQUIREMENTS CHECKLIST COMMERCIAL, MULTI-FAMILY, AND TOWNHOMES

Owner: _____ **Contractor:** _____

Address/Lot #: _____

NO.	ITEMS REQUIRED
1.	Property usage meets requirements of City Unified Development Ordinance and Subdivision Requirements: _____ District _____ Map _____ Parcel _____ Setbacks: Front ____ Side ____ Rear _____ Flood Zone: ____ BFE: _____
2.	Permit Application attached and completed
3.	Two (2) sets of complete drainage plans with calculations
4.	Four (4) complete sets of plans (per building) drawn to scale (signed and stamped by a South Carolina registered Architect or Engineer – Every page of at least ONE set must have the State raised seal and the seal of the firm) (Two of these sets need to include the stamped DRB or HRB plans)
5.	Soil Report
6.	Site Plan to include: property boundary, existing and proposed grading and tree survey; flood zone information sealed by registered surveyor; setbacks; building footprint location(s); driveway/parking; walls/fences; location of mechanical equipment; and calculation of % impervious surface.
7.	Tree Topo/Survey
8.	Attach the Energy Code Checklist (COMcheck), Manual 'S' & Manual 'J'

<p>9. 10.</p>	<p><u>ARCHITECTURAL PLANS:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Specification Sheet <input type="checkbox"/> Building Design Plan: <ul style="list-style-type: none"> <input type="checkbox"/> Occupancy classification <input type="checkbox"/> Use (separation / non-separation) <input type="checkbox"/> Type of construction <input type="checkbox"/> Heights and areas <input type="checkbox"/> Four (4) elevations <input type="checkbox"/> Roof plan <p><u>STRUCTURAL PLAN:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Calculation <input type="checkbox"/> Foundation <input type="checkbox"/> All floors (floor joists) <input type="checkbox"/> Rafter/Ceiling joists <input type="checkbox"/> Wall section detail (throughout) <input type="checkbox"/> Typical wall section <input type="checkbox"/> Footing details <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Gas piping <input type="checkbox"/> Energy Conservation Calculations (Manual J) <input type="checkbox"/> Sprinkler System Plan <input type="checkbox"/> Property location (in Fire District) <input type="checkbox"/> Fire Alarm
<p>11.</p>	<p><u>Contractor(s) Requirements:</u></p> <p>a. City License No. _____ Expires: _____</p> <p>b. State License No. & Group No. _____ Expires: _____</p> <p>c. Subcontractor's provided on Subcontractor's List Form _____</p> <p>d. Prime Contractor's Affidavit signed _____</p>
<p>12.</p>	<p>TOTAL LOT SIZE: _____ SQ. FT.</p> <p>EXISTING IMPERVIOUS SURFACE: _____ SQ. FT.</p> <p>NEW IMPERVIOUS SURFACE: _____ SQ. FT.</p> <p>PERVIOUS SURFACE: _____ SQ. FT.</p>

13.

APPROVALS FROM THE FOLLOWING WILL BE REQUIRED BEFORE A PERMIT CAN BE ISSUED:

CODES RESPONSIBILITY:

- a. Fire Code Review
- b. County Engineer (for Drainage plans review)

APPLICANT'S RESPONSIBILITY:

- a. BJWSA – Appendix A must be completed and signed.
- b. Applicant must provide a copy of BJWSA Capacity Certificate
- c. DHEC – Required for health and environmental issues (i.e. restaurants, hospitals, etc.)
- d. Asbestos Report – Required for all demolitions and renovations of all commercial projects (**if asbestos is found, a DHEC Permit will be required**)
- e. OCRM – Required when any additional impervious surface is proposed.
- f. EPA – Required for environmental issues (i.e. gas stations, fuel tanks, etc.)
- g. State Fire Marshal's Office (for sprinkler systems ONLY)
- h. Technical Review Committee (Pre-App) Call 843-525-7011 for info.
- i. Design Review Board (DRB) or Staff (if applicable)
- j. Historic Review Board (HRB) or Staff (if applicable)

Approved Encroachment Permit Application

SCDOT City Public Works Beaufort County Engineering

- a. Site plan indicating location of driveway with size of culvert/drain pipe located on plan(s).

NOTE: A Final Certificate of Occupancy or Certificate of Completion will not be issued at the Final Inspection. Please allow 24 – 48 hours for Admin. to complete the C.O. or C.O.C.

SUBCONTRACTOR LIST

**CITY OF BEAUFORT
1911 BOUNDARY STREET
BEAUFORT, SC 29901
Ph: (843) 525-7025/Fax: (843) 470-3517**

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

PRIME CONTRACTOR:_____ JOB ADDRESS:_____

OWNER NAME:_____ PERMIT NUMBER:_____

**AS THE PRIME CONTRACTOR, YOU ARE SOLELY RESPONSIBLE TO ENSURE THAT ALL
SUBCONTRACTORS OBTAIN AND/OR HAVE A CURRENT CITY OF BEAUFORT BUSINESS LICENSE
AND A SOUTH CAROLINA STATE LICENSE (*WHERE APPLICABLE*) BEFORE STARTING THEIR
PRESCRIBED PORTION OF WORK LISTED ON THE SUBCONTRACTOR LIST. AN UPDATED
SUBCONTRACTOR LIST WILL BE REQUIRED WHEN ANY CHANGES ARE MADE OR WHEN
REQUESTED BY THE CITY. ALL PORTIONS OF WORK LISTED AS THE PRIME CONTRACTOR MAY
REQUIRE YOU TO PROVIDE PAYROLL RECORDS OR W-2 WITHHOLDING RECORDS TO
SUBSTANTIATE EMPLOYEE STATUS.**

**FAILURE TO COMPLY MAY RESULT WITH A STOP WORK ORDER AND/OR THE ISSUANCE OF A
UNIFORM ORDINANCE SUMMONS.**

I acknowledge that I have read and understand the above statement, and I agree to comply with all contained therein.

SIGNATURE OF CONTRACTOR

PHONE NUMBER

DATE

INSTRUCTIONS: EVERY WORK TYPE NEEDS TO HAVE AN ENTRY UNDER THE NAME/ADDRESS COLUMN. ENTRIES WILL BE: {SUBS NAME/ADDRESS}, {GC}, {OWNER}, {TBD} OR {N/A}, ACCORDING TO WHICH BEST APPLIES TO EACH TRADE.

Type of Subcontractor Work	Name and address of Subcontractor	Amount of Job	Check One	
			TEMP	ANNUAL
APPRAISER				
ARCHITECTS				
AUTOMATIC SPRINKLER				
AWNING INSTALLER				
BLOCK/BRICK MASONRY				
BURGULAR ALARM INSTALLER				
CABINET INSTALLER				
CARPET/VINYL INSTALLER				
CEILING INSTALLER				
CERAMIC TILE INSTALLER				
CHIMNEY INSTALLER				

Type of Subcontractor Work	Name and address of Subcontractor	Amount of Job	Check One	
			TEMP	ANNUAL
CLEANING SERVICES				
CONCRETE FINISHER				
DECORATOR (INTERIOR)				
DEVELOPERS				
DRYWALL				
DOORS				
DRAPER SERVICE				
ELECTRICAL				
ELEVATOR INSTALLER				
EQUIPMENT RENTAL				
EXTERMINATOR/ PRETREAT				
ENGINEER				
FENCING				

Type of Subcontractor Work	Name and address of Subcontractor	Amount of Job	Check One	
			TEMP	ANNUAL
FIRE ALARM INSTALLER				
FIREPLACE INSTALLER				
FIRE SPRINKLER INSTALLER				
FLOORING				
FRAMING				
GARAGE DOORS				
GAS INSTALLER				
GLASS INSTALLER				
GREASE TRAP INSTALLER				
HEATING/AIR CONDITION				
HOOD SYSTEM INSTALLER				
HOUSE MOVER/ DEMOLITION				
INSULATION				

Type of Subcontractor Work	Name and address of Subcontractor	Amount of Job	Check One	
			TEMP	ANNUAL
IRON/STEEL INSTALLER				
IRRIGATION INSTALLER				
KITCHEN/BATH/ BOOKCASE				
LAND/LOT CLEARING				
LANDFILLING				
LANDSCAPING				
LEASING EQUIPMENT				
PAINTING				
PAVING				
PLUMBING				
PORTABLE TOILETS				
RADIO/TV INSTALLER				
ROOFING				

Type of Subcontractor Work	Name and address of Subcontractor	Amount of Job	Check One	
			TEMP	ANNUAL
SCAFFOLDING				
SCREEN INSTALLER				
SEPTIC TANK INSTALLER				
SIGN INSTALLER				
SIDING INSTALLER				
SPRAY ON STEEL FIRE PROTECTION				
STUCCO				
SURVEYOR				
SWIMMING POOL				
TEMP LABOR PROVIDER				
TIN & METAL				
TREE SURGEON				
TRIM CARPENTER				



City of Beaufort

Bruce M. Skipper, Building Official

1911 Boundary St., Beaufort, SC 29902

Phone (843) 525-7049

Fax (843) 986-5606

In an effort to protect licensed contractors and citizens of this jurisdiction, from unlawful and unlicensed contractors we have developed this form that will remain on file. Thank you for your cooperation.

Date _____

License Holder _____

Email _____

License Type _____ License Number _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

I give the following person permission to pull construction permits under my state license number.

Name _____

Position _____

Phone _____

Email _____

Please attach additional names with their information (if needed).

License Holder Signature

Date

On this ____ day of _____, 20__, _____ personally appeared before me _____ who stated that (s)he is the _____ of _____, and that the instrument was signed in behalf of the said company/ corporation by authority of its board of directors and acknowledged said instrument to be its voluntary act and deed. Before me:

Notary Public for South Carolina

Seal

My Commission Expires: _____.



CITY OF BEAUFORT
DEPARTMENT OF PLANNING
AND DEVELOPMENT SERVICES
1911 BOUNDARY STREET
BEAUFORT, SC 29902
(843) 525-7040
FAX (843) 986-5606

STATEMENT OF UNDERSTANDING BY PRIME CONTRACTOR

1. Subcontractors shall be licensed on the same basis as general or prime contractors for the same job, and no deductions shall be made by a general or prime contractor for value of work performed.
2. The contractor must furnish the City a list, including the NAME, ADDRESS, AND AMOUNT OF EACH CONTRACT for all subcontractors and individual craftsmen or artisans, not regularly employed by the job by contract, by day labor, or by the hour and receive pay therefore.
3. If the subcontractor or craftsmen are unknown at the time the permit is applied for, the prime contractor shall furnish the City with such a list prior to the subcontractor's performance of said work. However, if the project is considered 'minor', subcontractors shall be listed prior to permit being issued and all licenses verified.
4. The prime contractors, before requesting permanent utility service or final inspection (Certificate of Occupancy) from the Codes Enforcement Office, SHALL complete said subcontractors list and turn in, along with all fees paid in full.
5. As the prime contractor, it is your responsibility to make sure all subcontractors working on your job have a current business license and are registered with the State (if applicable). If not, as the prime contractor, you will be responsible for the subcontractors business license fees. Such violations shall be punishable by a fine not to exceed the maximum penalty allowed by state law and/or 30 days imprisonment, or both, at the discretion of the court for each violation. **THERE WILL BE NO EXCEPTIONS TO THIS REQUIREMENT.**

I, the undersigned, have read and understand the above statement and have received the subcontractor's form from the Codes Enforcement Office or the Business License Office.

SITE ADDRESS: _____ DATE: _____

COMPANY'S NAME: _____

SIGNATURE: _____ TITLE: _____

DATE: _____ PERMIT: _____

BJWSA SEWER TAP SPECIFICATIONS 2014-2015

The intent of these specifications is to ensure that every service lateral connected to BJWSA's sewer collection system will perform properly for the life of the building it serves. Inspections will emphasize the following criteria: quality of materials used, grade maintained along the full length on the pipe, assess to the pipe in the event that service is needed, conformance to all applicable County codes and construction techniques.

1. If preexisting sewer lateral is stubbed out at a lot property line, the contractor must slope lateral to this stub out. No other taps to the gravity main or manholes shall be made without approval of the Authority. The contractor must verify location and elevation of this lateral before laying out the plumbing plans.
2. The lateral must be constructed of 4" or 6" either SDR-35 (ASTM-3034) gasketed sewer pipe or SCH-40 DWV PVC pipe. Do not mix pipe types. Use either all SDR-35 (ASTM-3034) or all SCH-40 DWV PVC. **Commercial buildings must be 6".**
3. All Laterals using SDR-35 gasketed pipe must also use gasketed fittings. No petroleum-based pipeline shall be used. All lettering on pipe must be on top and exposed.
4. All laterals using SCH040 DWV PVC must use glued fittings. All fittings must have purple primer/cleaner and grey medium glue. All lettering must be on top and exposed.
5. There must be a dual sweep clean out at building and a 4" clean out at the property line. All clean outs except the one directly adjacent to the building shall include a PVC cap surrounded by a metal valve box with a sewer lid. Clean outs shall not exceed 70' apart. All bends must be separated by at least 12" of pipe.
6. The minimum finished grade of the pipe is ¼ -inch per foot on 4" and 1/8-inch per foot on 6". The Authority will determine if this grade can be modified. A minimum 1-foot cover is required for all lateral piping.
7. If an excessive number of bends are used, the Authority may require extra clean outs.
8. All clean outs must be turned towards the main and set to final finished grade.
9. Pipe must be run as straight as possible with no more than a 5% deflection. The start and finish point must be verified by a leveling instrument before laying pipe.
10. The plumber will be responsible for barricading off any open holes or ditches.
11. The contractor must call the Field Ops Coordinator's office for North of the Broad River inspections at 843-987-9209; OR South of the Broad River office at 843-987-9252 between the hours of 7:30 am and 4:00 pm to schedule sewer tap inspections for completed taps. Barring emergencies, inspections will be done on Mondays, Wednesdays, and Fridays only. Information for an inspection may be called in up to 4:00 pm the afternoon before an inspection day also it can be e-mailed to inspection@bjwsa.org. We cannot schedule a specific time for an inspection.
12. If an inspection fails or is not complete, the plumber is responsible for correcting the problem and calling the appropriate Field Ops Coordinator's office for a re-inspection. There will be a **\$100 re-inspection fee.** The re-inspection will be the clean out nearest the building. A copy of the approved form will be E-mailed to the proper Building Codes Department. Permanent power connection will not be allowed until the Building Codes Department is notified of the approved sewer inspection or a letter is received from BJWSA allowing permanent power but no CO.

EFFECTIVE IMMEDIATELY

SILT FENCE AND TREE
PROTECTION SHALL BE
INSTALLED

AND

APPROVED

PRIOR TO SITE DISTURBANCE
AND THE ISSUANCE OF
A PERMIT

**CONTACT MARTIE KAY AT 843-525-7049 OR
LIZA AT 843-525-6348 FOR THE
REQUIREMENTS**

THANK YOU!

**REQUEST APPLICATION TO REMOVE TREE(S)
TO BUILDING OFFICIAL, CITY OF BEAUFORT**

Phone: 843-525-7040 / Fax: 843-986-5606

No tree having a diameter at breast height (DBH) of eight (8) inches or greater, as measured at a height of four and one-half (4 1/2) feet above the ground, may be removed unless a tree removal application has been submitted and approved in writing by the administrator (per Section 7.3.C.2.a).

The undersigned, this _____ day of _____ 20____, hereby request to remove _____ tree(s)
on the lot or land owned by _____,

Site address _____

For the following reasons _____

PLEASE NOTE: CONTRACTORS ARE RESPONSIBLE FOR REMOVING AND PROPERLY DISPOSING OF ALL TREE DEBRIS FROM THE JOB SITE (I.E. CANNOT BE LEFT ON CURB FOR OTHERS TO PICK UP). TRUNK SECTIONS KEPT BY PROPERTY OWNER SHALL BE LOCATED IN REAR OF PROPERTY.

Identify house and indicate location of tree(s) to be removed.
Tree(s) **MUST** be marked.
Commercial sites are required to have a tree survey



Contractor _____

Contractual Amount _____

Signature _____

Phone # _____

TREE TO BE REMOVED

Type Of Tree	Diameter (54" from ground)
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE INDICATE IF TREE IS LOCATED IN A FENCED YARD CONTAINING A DOG(S).

YES NO **IF YES, PROVIDE THE OWNERS CONTACT NUMBER FOR ACCESS**

TO FENCED YARD FOR TREE INSPECTION: _____

Do Not Write In This Space

A. REQUEST TO REMOVE TREES **APPROVED:** BY: _____

B. REQUEST TO REMOVE TREES **DENIED:** BY: _____

B-1 You may resubmit your tree survey, or

B-2 You may appeal to the Tree Board in writing within 15 days prior to their next scheduled meeting. Your appeal request must be submitted to the Planning Department, 1911 Boundary Street, Beaufort, SC 29902. Tel (843) 525-7011 Fax (843) 986-5606.