

**CITY OF BEAUFORT  
SAFETY PERMIT APPLICATION**

\$50

DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**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:**

\_\_\_\_\_

\_\_\_\_\_

**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**

**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

**FOR OFFICIAL USE ONLY:**

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

Ready for Preliminary Inspection:  Yes  No      When? \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE