



PROJECT PERMIT APPLICATION NEW CONSTRUCTION AND MAJOR RENOVATIONS

Department of Planning & Development Services
1911 Boundary Street, Beaufort, South Carolina, 29902
p. (843) 525-7049 / f. (843) 986-5606 www.cityofbeaufort.org

OFFICE USE ONLY: **Date Filed:** _____ **Application #:** _____ **Zoning District:** _____ **Permit Fee:** _____

RESIDENTIAL COMMERCIAL HISTORIC DISTRICT ARB/HOA Neighborhood (copy of approval required)

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

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, Property, and Project Information

Applicant Name: _____

Applicant E-mail: _____ Applicant Phone Number: _____

Applicant Title: Homeowner Tenant Architect Engineer Developer Contractor

Property Address: _____ PIN NO: _____

Contractor Name: _____ Hiring subcontractors? YES NO

Owner/Business Name (if other than the Applicant): _____

Cost Data _____ **TOTAL COST:** _____

BUILDING: \$ _____ ELECTRICAL: \$ _____ PLUMBING: \$ _____ SITE WORK: \$ _____ HVAC: \$ _____

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 SPRINKLED: 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. _____

SCOPE OF WORK - DESCRIBE IN DETAIL:

Applicant Signature: _____ Date: _____

Approved By: _____ Date: _____



BUILDING PERMIT REQUIREMENT CHECKLIST FOR RESIDENTIAL AND COMMERCIAL

Department of Planning & Development Services
1911 Boundary Street, Beaufort, South Carolina, 29902
p. (843) 379-7051 / f. (843) 986-5606 www.cityofbeaufort.org

ITEMS REQUIRED	RESIDENTIAL	COMMERCIAL
<input type="checkbox"/> Property usage meets requirements of The Beaufort Code	X	X
<input type="checkbox"/> Previous Use (for existing buildings)		X
<input type="checkbox"/> *Permit Application attached and completed (include Pre-Subcontractor List)	X	X
<input type="checkbox"/> *Digital copy of plans (including Drainage/Grading plan) – (Email to mmcteer@cityofbeaufort.org – Subject line shall state “Digital Plans for ‘project address’”) – see below for required plans	X	X
<input type="checkbox"/> *Complete hardcopy sets of plans (see # required in the columns to the right - per building) drawn to scale (signed and stamped by a SC registered Architect and/or Engineer – one original) and stapled, including (in this order):	3 Sets	4 Sets
<input type="checkbox"/> Site Plan drawn to scale (based on survey, including bldg. footprint, setbacks driveways/parking, mech equip., % of impervious surface, 1:20 or 1/16" - 1' scale)	X	X
<input type="checkbox"/> Tree Topo/Survey	Include in grading/drainage plan	X
<input type="checkbox"/> Architectural Plans	X	X
Plans must include the following: <input type="checkbox"/> Foundation Plan <input type="checkbox"/> Floor Plan <input type="checkbox"/> Plumbing Plan <input type="checkbox"/> Electrical Plan <input type="checkbox"/> HVAC Plan <input type="checkbox"/> Gas Plan <input type="checkbox"/> Flood Zone Info (if in a SFHA, include the finished floor elevations)	X	X
<input type="checkbox"/> *Tree Removal Application (if applicable)	X	X
<input type="checkbox"/> Statement of Understanding by Prime Contractor	X	X
<input type="checkbox"/> Energy Code Checklist (REScheck)	X	
<input type="checkbox"/> Manual J & S	X	
<input type="checkbox"/> Soil Report		X
<input type="checkbox"/> Energy Code Checklist (COMcheck)		X
* Required/confirmed prior to accepting an application		

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

BUILDING CODES RESPONSIBILITY: The Building Codes Department coordinates review by Building Official, Planning & Zoning, Drainage/Grading, and Fire Marshal (for Commercial).

APPLICANT’S RESPONSIBILITY:

For Residential and Commercial Projects:

- Design Review – HRB, DRB or Staff (if applicable, to be done prior to submitting for a building permit)
- SCDOT or City Encroachment Permit (for driveways or curb cuts)
- All subcontractors are required to obtain a City of Beaufort Business License prior to any work on jobsite
- Tree Protection and Silt Fence Installation – notify Martie Kay McTeer at 843-379-7051 when this is complete
- Special Inspection Application (if applicable) - submitted for approval prior to start of work

For Commercial Projects ONLY: (All of the above, plus)

- Attend a Pre-App meeting (conceptual plan) call 843-525-7011 for more info
- Asbestos Survey (required for all demolitions/renovations (if asbestos is found, a DHEC Permit will be required)
- DHEC and/or OCRM Approval (if applicable)
- EPA Approval (i.e. gas stations, fuel tanks, etc)
- State Fire Marshal’s Office (for sprinkler systems ONLY) – may be a deferred submittal
- BJWSA – see www.bjwsa.org for more details

Applicant’s Signature

Business Name

Date



MAJOR SUBCONTRACTOR'S LIST NEW CONSTRUCTION AND MAJOR RENOVATIONS

Business License Division (buslicense@cityofbeaufort.org)
1911 Boundary Street, Beaufort, South Carolina, 29902
p. (843) 525-7025 / f. (843) 470-3517 www.cityofbeaufort.org

Instructions:

1. Complete this form in its entirety and submit with your application.
2. 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.
3. Ensure job amount is listed for all subs.
4. An updated sub list will be required prior to permanent service (if applicable).

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

Type of Subcontractor Work	Name and address of Subcontractor	Amount of Job	Check One	
			TEMP	ANNUAL
ARCHITECTS				
AWNING INSTALLER				
BLOCK/BRICK MASONRY				
CABINET INSTALLER				
CARPET/VINYL INSTALLER				
CEILING INSTALLER				
CERAMIC TILE INSTALLER				
CHIMNEY INSTALLER				
CLEANING SERVICES				
CONCRETE FINISHER				
DECORATOR (INTERIOR)				
DEVELOPERS				
DRYWALL				

Type of Subcontractor Work	Name and address of Subcontractor	Amount of Job	Check One	
			TEMP	ANNUAL
DOORS				
DRAPER SERVICE				
ELECTRICAL				
ELEVATOR INSTALLER				
EQUIPMENT RENTAL				
EXTERMINATOR/ PRETREAT				
ENGINEER				
FENCING				
FIRE/SECURITY ALARM INSTALLER				
FIREPLACE INSTALLER				
FIRE SPRINKLER INSTALLER				
FLOORING				
FRAMING				

Type of Subcontractor Work	Name and address of Subcontractor	Amount of Job	Check One	
			TEMP	ANNUAL
GARAGE DOORS				
GAS INSTALLER				
GLASS INSTALLER				
GREASE TRAP INSTALLER				
HEATING/AIR CONDITION				
HOOD SYSTEM INSTALLER				
HOUSE MOVER/ DEMOLITION				
INSULATION				
IRON/STEEL INSTALLER				
IRRIGATION INSTALLER				
LAND/LOT CLEARING				
LANDFILLING				
LANDSCAPING				

Type of Subcontractor Work	Name and address of Subcontractor	Amount of Job	Check One	
			TEMP	ANNUAL
PAINING				
PAVING				
PLUMBING				
PORTABLE TOILETS				
RADIO/TV INSTALLER				
ROOFING				
SCAFFOLDING				
SCREEN INSTALLER				
SEPTIC TANK INSTALLER				
SIGN INSTALLER				
SIDING INSTALLER				
SPRAY ON STEEL FIRE PROTECTION				
STUCCO				
SURVEYOR				

Type of Subcontractor Work	Name and address of Subcontractor	Amount of Job	Check One	
			TEMP	ANNUAL
SWIMMING POOL				
TEMP LABOR PROVIDER				
TIN & METAL				
TREE SURGEON				
TRIM (EXTERIOR)				
TRIM (INTERIOR)				
TRUSSES INSTALLER				
WASTE BIN RENTAL				
WELL DRILLING				
WINDOWS				
OTHER				
OTHER				
OTHER				



LICENSE PERMISSION SHEET

Department of Planning & Development Services
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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 not employed by the general contractor. If the subcontractor claims to be an employee, then they may be requested to produce payroll records or W2 withholding records.
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 (if applicable) or final inspection (Certificate of Occupancy) from the Codes Enforcement Office, SHALL complete an 'updated' subcontractor's 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 Building Codes Office or the Business License Office.

SITE ADDRESS: _____ DATE: _____

COMPANY'S NAME: _____

SIGNATURE: _____ TITLE: _____

DATE: _____ PERMIT: _____



TREE REMOVAL/PRUNING APPLICATION

Department of Planning & Development Services
1911 Boundary Street, Beaufort, South Carolina, 29902
p. (843) 525-7049 / f. (843) 986-5606 www.cityofbeaufort.org

Application Fee: \$ _____

Refer to Section 5.4 of The Beaufort Code for complete information about Tree Removal Requirements

RESIDENTIAL COMMERCIAL ARB/HOA Neighborhood (copy of approval required)

Applicant Name: _____

Property Address: _____

Applicant E-mail: _____ Applicant Phone No.: _____

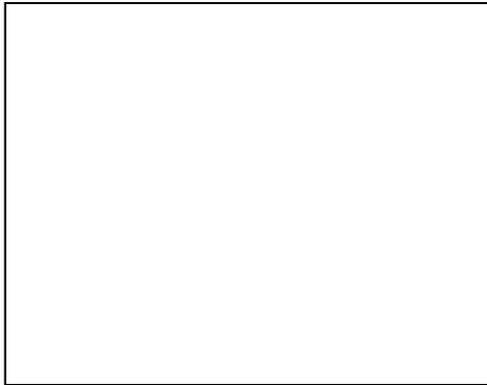
Owner/Contractor Name (if other than the Applicant): _____ Phone Number: _____

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 IN REAR OF PROPERTY.

Draw map of structure(s) and indicate location of tree(s) to be removed. Tree(s) MUST be marked with flagging tape. Commercial sites are required to have a tree survey.

TREE(S) TO BE REMOVED / PRUNED (Circle one)



Type of Tree

Diameter (54" from ground)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE INDICATE IF TREE IS 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/PRUNE TREES APPROVED: BY: _____

B. REQUEST TO REMOVE/PRUNE TREES DENIED: BY: _____

If denied, you may resubmit your tree survey or you make appeal to the Park and Tree Advisory Commission in writing, 15 days prior to the next scheduled meeting. Submit your appeal request to the Planning Department.

EFFECTIVE IMMEDIATELY

SILT FENCE AND TREE
PROTECTION SHALL BE
INSTALLED

AND

APPROVED

PRIOR TO SITE DISTURBANCE
AND THE ISSUANCE OF
A PERMIT

**CONTACT BRIAN FRANKLIN AT 843-525-6348
OR VISIT OUR WEBSITE FOR REQUIREMENTS
AT www.cityofbeaufort.org**

THANK YOU!