



DEVELOPMENT REVIEW PROCESS  
**PRE-APPLICATION CONFERENCE APPLICATION FORM**

Department of Planning & Development Services  
1911 Boundary Street, Beaufort, South Carolina, 29902  
p. (843) 525-7011 / f. (843) 986-5606  
www.cityofbeaufort.org

*Application Fee: \$0*

**OFFICE USE ONLY:** Date Filed: \_\_\_\_\_ Application #: \_\_\_\_\_ Zoning District: \_\_\_\_\_  
Historic District? Y N Contributing? Y N Archeological Survey? Y N

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**Schedule:** Pre-Application Conferences are held every Tuesday at 2:00 p.m. at City Hall (1911 Boundary Street), in the first-floor conference room. The deadline for applications is Tuesday, one week prior to the meeting.

**Applicable Projects:** A Pre-Application Conference is **required** for all new construction (except detached single-family residences), major subdivisions, zoning or Code text amendments, and short-term rentals. It is **recommended** for change of occupancy, (ex. an office use changing to a restaurant use), and any use involving food service.

**Submittal Requirements:** All forms and information may be submitted digitally. In addition to a complete application form, applicants are encouraged to submit all possible additional information about a project to convey the complete concept. This may include maps, site plans (to scale or dimensioned) floor plans, elevations, etc.

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 Address:** \_\_\_\_\_

**Applicant E-mail:** \_\_\_\_\_ **Applicant Phone Number:** \_\_\_\_\_

**Applicant Title:**  Homeowner  Tenant  Architect  Engineer  Developer

**Owner (if other than the Applicant):** \_\_\_\_\_

**Owner Address:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Property Identification Number (Tax Map & Parcel Number):** \_\_\_\_\_

**Meeting Date Requested:** \_\_\_\_\_

**Certification of Correctness:** I/we certify that the information in this application is correct.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

