



PROJECT PERMIT APPLICATION PROJECT COST UNDER \$50,000 & LESS THAN 5 SUBS

Community and Economic Development Department
1911 Boundary Street, Beaufort, South Carolina, 29902
p. (843) 525-7049 / f. (843) 986-5606 / permits@cityofbeaufort.org / www.cityofbeaufort.org

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

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

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

The owner of the property is aware of and has authorized the proposed work as described in this application. Yes No

Applicant, Property, and Project Information

Applicant/Contractor Name: _____ SC State License No.: _____

Applicant E-mail: _____ Applicant Phone Number: _____

Applicant Title: Homeowner Tenant Architect Engineer Developer Contractor

Property Owner: _____

Property Address: _____ Flood Zone: _____ Elevation Required: _____

Required Application Information

- | | |
|--|--|
| <input type="checkbox"/> Addition (includes attached garage) – Site plan required showing impervious/pervious square footage. \$ _____ | <input type="checkbox"/> Electrical \$ _____ |
| <input type="checkbox"/> Accessory Structure (Over 200 SF -Res / Over 120 SF – Comm'l) (includes accessory dwelling unit, detached garage, carport, shed, gazebo, pool house & greenhouse) – Site plan required showing impervious/pervious SF. \$ _____ | <input type="checkbox"/> Plumbing \$ _____ |
| <input type="checkbox"/> Repair/Renovation \$ _____ | <input type="checkbox"/> HVAC \$ _____ |
| <input type="checkbox"/> Awning (New) \$ _____ | <input type="checkbox"/> Gas \$ _____ |
| <input type="checkbox"/> Re-roof \$ _____ | <input type="checkbox"/> Window(s) \$ _____ |
| | <input type="checkbox"/> Temp/Mobile Structures \$ _____ |
| | <input type="checkbox"/> Other: _____ \$ _____ |
| | TOTAL PROJECT COST: \$ _____ |

Scope of Work – Describe in Detail:

Applicant Signature: _____ Date: _____

Approved By: _____ Date: _____