



# PROJECT PERMIT APPLICATION NEW CONSTRUCTION AND MAJOR RENOVATIONS

Community and Economic Development Department  
1911 Boundary Street, Beaufort, South Carolina, 29902

p. (843) 525-7049 / f. (843) 986-5606 / [permits@cityofbeaufort.org](mailto:permits@cityofbeaufort.org) / [www.cityofbeaufort.org](http://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

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: \_\_\_\_\_      PIN NO: \_\_\_\_\_

### **TOTAL COST:** \_\_\_\_\_

BUILDING: \$ \_\_\_\_\_      ELECTRICAL: \$ \_\_\_\_\_      PLUMBING: \$ \_\_\_\_\_      GAS: \$ \_\_\_\_\_      HVAC: \$ \_\_\_\_\_      SITE WORK: \$ \_\_\_\_\_

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 (FOOTPRINT) 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: \_\_\_\_\_