



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: _____



MINOR SUBCONTRACTOR'S LIST PROJECT COST UNDER \$50,000 & LESS THAN 5 SUBS

Business License Division (buslicense@cityofbeaufort.org)
Building Permit (permits@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. Ensure job amount is listed for all subs.

OWNER: _____ PERMIT #: _____

PRIME CONTRACTOR: _____ PHONE: _____

SITE ADDRESS: _____

OWNER OR PRIME CONTRACTOR HIRING NO SUBCONTRACTORS:

AS THE OWNER OF THE ABOVE SITE ADDRESS, I WILL BE DOING ALL THE WORK FOR THE PROJECT LISTED ON THE ABOVE PERMIT #. I UNDERSTAND THAT IF I HIRE SOMEONE ELSE TO DO ANY OF THE WORK, I WILL NEED TO COMPLETE THE LOWER PORTION AND RETURN TO THE BUSINESS LICENSE DEPARTMENT PRIOR TO RECEIVING MY FINAL INSPECTION APPROVAL FROM THE BUILDING CODES OFFICE.

SIGNATURE: _____ PHONE: _____ DATE: _____

OWNER OR PRIME CONTRACTOR WITH HIRED SUBCONTRACTORS:

I UNDERSTAND, AS A PRIME CONTRACTOR OR OWNER, THAT I AM TO ENSURE THAT ALL SUBCONTRACTORS HAVE A CURRENT CITY OF BEAUFORT BUSINESS LICENSE AND ARE REGISTERED WITH THE STATE (WHERE APPLICABLE) AND THAT ALL LICENSE FEES ARE PAID. **NO PERMIT WILL BE ISSUED** UNTIL THE LICENSE STATUS OF THE SUBCONTRACTORS LISTED BELOW IS VERIFIED AND APPROVED BY THE CITY OF BEAUFORT BUSINESS LICENSE DEPARTMENT.

SIGNATURE: _____ PHONE: _____ DATE: _____

LIST BELOW EACH OF THE SUBCONTRACTOR(S) WHO WILL BE WORKING ON THE ABOVE MENTIONED JOB BY THE HOUR, THE JOB, OR BY CONTRACT:

Subcontractor business name: _____ **OFFICIAL USE:**
Sub's address/phone: _____
Type of Sub's work done: _____ Lic Fee: _____
BUSINESS ACCT. NUMBER: _____ Job cost: _____ Lic Pd: _____

Subcontractor business name: _____ **OFFICIAL USE:**
Sub's address/phone: _____
Type of Sub's work done: _____ Lic Fee: _____
BUSINESS ACCT. NUMBER: _____ Job cost: _____ Lic Pd: _____

Subcontractor business name: _____ **OFFICIAL USE:**
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BUSINESS ACCT. NUMBER: _____ Job cost: _____ Lic Pd: _____

Subcontractor business name: _____ **OFFICIAL USE:**
Sub's address/phone: _____
Type of Sub's work done: _____ Lic Fee: _____
BUSINESS ACCT. NUMBER: _____ Job cost: _____ Lic Pd: _____

BELOW IS A SAMPLE LIST OF THE TYPE OF WORK THAT IS ASSOCIATED WITH CONSTRUCTION RELATED JOBS. LIST SUBCONTRACTORS WHO DID THESE AND ANY UNLISTED JOB TYPES ON THIS PROJECT:

INSTALLATION CATEGORIES: AUTOMATIC IRRIGATION/FIRE SPRINKLER, AWNING/SIGN, BURGULAR/FIRE ALARM SYSTEM, CABINET, CARPET/VINYL/FLOORING, CARPENTRY, CEILING, CERAMIC TILE, CHIMNEY, COUNTER TOPS, DOORS, ELEVATOR, FENCE, FIREPLACE, GARAGE DOORS, GAS, GLASS, GREASE TRAP, HOOD SYSTEM, IRON/STEEL, KITCHEN/BATH/BOOKCASE, RADIO/TV/SATELLITE DISH, SCREEN, SEWER, SEPTIC TANK, SIDING, TELEPHONE/PA SYSTEMS, TRUSSES AND OTHERS. OTHER CATEGORIES: BLOCK/BRICK MASONRY, CLEANING SERVICES, CONCRETE FINISHER, INTERIOR DECORATOR, DRYWALL, ELECTRICAL, EXTERMINATOR/PEST CONTROL, FRAMING, HVAC, HOUSE MOVER/DEMOLITION, INSULATION, LOT CLEARING, LAND DEVELOPMENT/IMPROVEMENTS, LANDFILLING, LANDSCAPING, MILLWORK, PAINTING, PAVING, PLUMBING, PORTABLE TOILETS, ROOFING, SECURITY SERVICES, STUCCO, SWIMMING POOL, TIN/METAL, TREE SURGEON/REMOVAL, TRIM CARPENTER, TRIM INTERIOR/EXTERIOR, WALL PAPER HANGER, WASTE BIN RENTAL, WELL DRILLING, WINDOWS & OTHERS.