



ZONING PERMIT SAFETY APPLICATION

Community Development Department 1911 Boundary
Street, Beaufort, South Carolina, 29902
p. (843) 525-7011 / f. (843) 986-5606 / permits@cityofbeaufort.org / www.cityofbeaufort.org

Application Fee: \$50

OFFICE USE ONLY: **Date Filed:** _____ **Application #:** _____ **Zoning:** _____

Change of Use: YES NO **Approved By:** _____

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 business as described in this application. Yes No

Applicant, Owner and Property Information

Applicant Name: _____ Business Name: _____

Applicant E-mail: _____ Applicant Phone Number: _____

Property Owner: _____

Property/Business Address: _____

Submission Information:

Describe, in detail, the proposed business to be conducted at the above address: _____

Please answer the following questions:

Who was the previous occupant? (required) _____

Square Footage of space? (required): _____

YES NO

Are you moving from a location within the City Limits?
If so, where are you moving from? _____

Are you planning to do any renovations?

Will you require signage?

Is Building Sprinkled?

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

Applicant Signature: _____ Date: _____

FOR OFFICIAL USE ONLY - Conditions/Comments: _____
