



APPLICATION FOR CONSTRUCTION IN CITY OF BEAUFORT, SOUTH CAROLINA

DEPARTMENT OF INSPECTIONS
1911 Boundary Street, Beaufort, SC 29902
Ph: 843-525-7040 Fax: 843-986-5606

PERMIT NUMBER: _____

IMPACT FEE: \$ _____

PERMIT FEE: \$ _____

EMAIL ADDRESS: _____

PROPERTY IDENTIFICATION NUMBER (PIN): _____

LOCATION OF BUILDING: LOT _____ SUBDIVISION _____

ADDRESS: _____ RESIDENTIAL COMMERCIAL

FLOOD ZONE _____ ELEVATION REQUIRED _____ MSL / WIND ZONE _____ SEISMIC ZONE _____

	NAME	MAILING ADDRESS, NO. ST.	CITY & STATE	ZIP CODE	TELEPHONE NO.
OWNER					
GEN. CONT.					
ELECT.					
PLUMB.					
MECH.					

COST DATA

BUILDING: \$ _____

ELECTRICAL: \$ _____

PLUMBING: \$ _____

HVAC: \$ _____

TOTAL COST: _____

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

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) _____

NEW NET SQ. FT. (unheated – garage & porches): _____

NEW GROSS SQ. FT. (heated + unheated) _____

NEW GARAGE Attached Detached Sq. Ft. _____

GROUND FLOOR SQ. FT. _____

TOTAL LOT SQ. FT. _____

NEW IMPERVIOUS SQ. FT. _____

EXISTING IMPERVIOUS SQ. FT. _____

PERVIOUS SQ. FT. _____

SPRINKLED: YES NO

SCOPE OF WORK: _____

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'S SIGNATURE: _____

DATE: _____



CITY OF BEAUFORT
**DEPARTMENT OF PLANNING
 AND DEVELOPMENT SERVICES**
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 BEAUFORT, SC 29902
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BUILDING PERMIT REQUIREMENTS CHECKLIST COMMERCIAL, MULTI-FAMILY, AND TOWNHOMES

Owner: _____ **Contractor:** _____

Address/Lot #: _____

NO.	ITEMS REQUIRED
1.	Property usage meets requirements of City Unified Development Ordinance and Subdivision Requirements: _____ District _____ Map _____ Parcel _____ Setbacks: Front ____ Side ____ Rear _____ Flood Zone: ____ BFE: _____
2.	Permit Application attached and completed
3.	Two (2) sets of complete drainage plans with calculations
4.	Four (4) complete sets of plans (per building) drawn to scale (signed and stamped by a South Carolina registered Architect or Engineer – Every page of at least ONE set must have the State raised seal and the seal of the firm) (Two of these sets need to include the stamped DRB or HRB plans)
5.	Soil Report
6.	Site Plan(s) including all utility service(s) and parking plan
7.	Tree Topo/Survey
8.	Attach the Energy Code Checklist (COMcheck)
9.	<p><u>STRUCTURAL PLAN:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Calculation <input type="checkbox"/> Foundation <input type="checkbox"/> All floors (floor joists) <input type="checkbox"/> Rafter/Ceiling joists <input type="checkbox"/> Wall section detail (throughout) <input type="checkbox"/> Typical wall section <input type="checkbox"/> Footing details <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Gas piping <input type="checkbox"/> Energy Conservation Calculations (Manual J)

	<input type="checkbox"/> Sprinkler System Plan <input type="checkbox"/> Property location (in Fire District)
10.	<p><u>Contractor(s) Requirements:</u></p> <p>a. City License No. _____ Expires: _____ b. State License No. & Group No. _____ Expires: _____ c. Subcontractor's provided on Subcontractor's List Form _____ d. Prime Contractor's Affidavit signed _____</p>
11.	<p><u>Approved Encroachment Permit Application</u></p> <p><input type="checkbox"/> SCDOT <input type="checkbox"/> Public Works <input type="checkbox"/> Beaufort County Engineering</p> <p>a. Site plan indicating location of driveway with size of culvert/drain pipe located on plan(s).</p>
12.	<p>TOTAL LOT SIZE: _____ SQ. FT. EXISTING IMPERVIOUS SURFACE: _____ SQ. FT. NEW IMPERVIOUS SURFACE: _____ SQ. FT. PERVIOUS SURFACE: _____ SQ. FT.</p>
13.	<p>APPROVALS FROM THE FOLLOWING WILL BE REQUIRED BEFORE A PERMIT CAN BE ISSUED:</p> <p><u>CODES RESPONSIBILITY:</u></p> <p>a. Fire Code Review b. County Engineer (for Drainage plans review)</p> <p><u>APPLICANT'S RESPONSIBILITY:</u></p> <p>a. BJWSA – Appendix A must be completed and signed. b. Applicant must provide a copy of BJWSA Capacity Certificate c. DHEC – Required for health and environmental issues (i.e. restaurants, hospitals, etc.) d. Asbestos Report – Required for all demolitions and renovations of all commercial projects (if asbestos is found, a DHEC Permit will be required) e. OCRM – Required when any additional impervious surface is proposed. f. EPA – Required for environmental issues (i.e. gas stations, fuel tanks, etc.) g. State Fire Marshal's Office (for sprinkler systems ONLY) h. Technical Review Committee (Pre-App) Call 843-525-7011 for info. i. Design Review Board (DRB) or Staff (if applicable) j. Historic Review Board (HRB) or Staff (if applicable)</p>

NOTE: A Final Certificate of Occupancy or Certificate of Completion will not be issued at the Final Inspection. Please allow 24 – 48 hours for Admin. to complete the C.O. or C.O.C.

SUBCONTRACTOR LIST

CITY OF BEAUFORT
 1911 BOUNDARY STREET
 BEAUFORT, SC 29901
 Ph: (843) 525-7025/Fax: (843) 470-3517

THIS FORM NEEDS TO BE FILLED OUT IN ITS ENTIRETY PRIOR TO A PERMIT BEING ISSUED AND UPDATED AS NEEDED

PRIME CONTRACTOR: _____ JOB ADDRESS:

OWNER NAME: _____ PERMIT NUMBER:

I UNDERSTAND AS PRIME CONTRACTOR, THAT I AM TO ENSURE THAT ALL SUBCONTRACTORS HAVE A CURRENT CITY OF BEAUFORT BUSINESS LICENSE AND ARE REGISTERED WITH THE STATE (WHERE APPLICABLE). I UNDERSTAND AS PRIME CONTRACTOR, THAT I AM RESPONSIBLE THAT ALL BUSINESS LICENSE FEES ARE PAID BY THE SUBCONTRACTORS.

 SIGNATURE OF CONTRACTOR PHONE NUMBER DATE

INSTRUCTIONS: EVERY WORK TYPE NEEDS TO HAVE AN ENTRY UNDER THE NAME/ADDRESS COLUMN. ENTRIES WILL BE: {SUBS NAME/ADDRESS}, {GC}, {OWNER}, {TBD} OR {N/A}, ACCORDING TO WHICH BEST APPLIES TO EACH TRADE. .

Type of Subcontractor Work	Name and address of Subcontractor	Amount of Job	City Business License Number	Check ONE	
				TEMP	ANNUAL
APPRAISER					
ARCHITECTS					
AUTOMATIC SPRINKLER					
AWNING INSTALLER					
BLOCK/BRICK MASONRY					
BURGULAR ALARM INSTALLER					
CABINET INSTALLER					
CARPET/VINYL INSTALLER					
CEILING INSTALLER					

CERAMIC TILE INSTALLER					
CHIMNEY INSTALLER					
CLEANING SERVICES					
CONCRETE FINISHER					
DECORATOR (INTERIOR)					
DEVELOPERS					
DRYWALL					
DOORS					
DRAPER SERVICE					
ELECTRICAL					
ELEVATOR INSTALLER					
EQUIPMENT RENTAL					
EXTERMINATOR/ PRETREAT					
ENGINEER					
FENCING					
FIRE ALARM INSTALLER					
FIREPLACE INSTALLER					
FIRE SPRINKLER INSTALLER					
FLOORING					

FRAMING					
GAS INSTALLER					
GLASS INSTALLER					
GREASE TRAP INSTALLER					
HEATING/AIR CONDITION					
HOOD SYSTEM INSTALLER					
HOUSE MOVER/ DEMOLITION					
INSULATION					
IRON/STEEL INSTALLER					
KITCHEN/BATH/ BOOKCASE					
LAND/LOT CLEARING					
LANDFILLING					
LANDSCAPING					
LEASING EQUIPMENT					
PAINING					
PAVING					
PLUMBING					
PORTABLE TOILETS					
RADIO/TV INSTALLER					

ROOFING					
SCREEN INSTALLER					
SEPTIC TANK INSTALLER					
SIGN INSTALLER					
SIDING INSTALLER					
SPRAY ON STEEL FIRE PROTECTION					
STUCCO					
SWIMMING POOL					
TIN & METAL					
TREE SURGEON					
TRIM CARPENTER					
TRIM (EXTERIOR)					
TRIM (INTERIOR)					

TRUSSES INSTALLER					
WALLPAPER HANGER					
WASTE BIN RENTAL					
WELL DRILLING					
WINDOWS					
OTHER					

**A COPY OF ALL CONTRACTOR BUSINESS LICENSES SHALL BE PLACED IN
CONSTRUCTION SITE BOX**



City of Beaufort

Roni J. Abdella, Building Official

1911 Boundary St., Beaufort, SC 29902

Phone (843) 525-7049

Fax (843) 986-5606

In an effort to protect licensed contractors and citizens of this jurisdiction, from unlawful and unlicensed contractors we have developed this form that will remain on file. Thank you for your cooperation.

Date _____

License Holder _____

Email _____

License Type _____ License Number _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

I give the following person permission to pull construction permits under my state license number.

Name _____

Position _____

Phone _____

Email _____

Please attach additional names with their information (if needed).

License Holder Signature

Date

On this ____ day of _____, 20__, _____ personally appeared before me _____ who stated that (s)he is the _____ of _____, and that the instrument was signed in behalf of the said company/ corporation by authority of its board of directors and acknowledged said instrument to be its voluntary act and deed. Before me:

Notary Public for South Carolina

Seal

My Commission Expires: _____.



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STATEMENT OF UNDERSTANDING BY PRIME CONTRACTOR

1. Subcontractors shall be licensed on the same basis as general or prime contractors for the same job, and no deductions shall be made by a general or prime contractor for value of work performed.
2. The contractor must furnish the City a list, including the NAME, ADDRESS, AND AMOUNT OF EACH CONTRACT for all subcontractors and individual craftsmen or artisans, not regularly employed by the job by contract, by day labor, or by the hour and receive pay therefore.
3. If the subcontractor or craftsmen are unknown at the time the permit is applied for, the prime contractor shall furnish the City with such a list prior to the subcontractor's performance of said work. However, if the project is considered 'minor', subcontractors shall be listed prior to permit being issued and all licenses verified.
4. The prime contractors, before requesting permanent utility service or final inspection (Certificate of Occupancy) from the Codes Enforcement Office, SHALL complete said subcontractors list and turn in, along with all fees paid in full.
5. As the prime contractor, it is your responsibility to make sure all subcontractors working on your job have a current business license and are registered with the State (if applicable). If not, as the prime contractor, you will be responsible for the subcontractors business license fees. Such violations shall be punishable by a fine not to exceed the maximum penalty allowed by state law and/or 30 days imprisonment, or both, at the discretion of the court for each violation. **THERE WILL BE NO EXCEPTIONS TO THIS REQUIREMENT.**

I, the undersigned, have read and understand the above statement and have received the subcontractor's form from the Codes Enforcement Office or the Business License Office.

SITE ADDRESS: _____ DATE: _____

COMPANY'S NAME: _____

SIGNATURE: _____ TITLE: _____

DATE: _____ PERMIT: _____

BJWSA SEWER TAP SPECIFICATIONS 2010-2011

The intent of these specifications is to ensure that every service lateral connected to BJWSA's sewer collection system will perform properly for the life of the building it serves. Inspections will emphasize the following criteria: quality of materials used, grade maintained along the full length on the pipe, assess to the pipe in the event that service is needed, conformance to all applicable County codes and construction techniques.

1. If preexisting sewer lateral is stubbed out at a lot property line, the contractor must slope lateral to this stub out. No other taps to the gravity main or manholes shall be made without approval of the Authority. The contractor must verify location and elevation of this lateral before laying out the plumbing plans.
2. The lateral must be constructed of 4" or 6" either SDR-35 (ASTM-3034) gasketed sewer pipe or SCH-40 **DWD** PVC pipe. Do not mix pipe types. Use either all SDR-35 (ASTM-3034) or all SCH-40 **DWD** PVC. **Commercial buildings must be 6".**
3. All Laterals using SDR-35 gasketed pipe must also use gasketed fittings. No petroleum-based pipeline shall be used. All lettering on pipe must be on top and exposed.
4. All laterals using SCH040 **DWD** PVC must use glued fittings. All fittings must have purple primer/cleaner and grey medium glue. All lettering must be on top and exposed.
5. There must be a dual sweep clean out at building and a 4" clean out at the property line. All clean outs except the one directly adjacent to the building shall include a PVC cap surrounded by a metal valve box with a sewer lid. Clean outs shall not exceed 70' apart. All bends must be separated by at least 12" of pipe.
6. The minimum finished grade of the pipe is 1/4 -inch per foot on 4" and 1/8-inch per foot on 6". The Authority will determine if this grade can be modified. A minimum 1-foot cover is required for all lateral piping.
7. If an excessive number of bends are used, the Authority may require extra clean outs.
8. All clean outs must be turned towards the main and set to final finished grade.
9. Pipe must be run as straight as possible with no more than a 5% deflection. The start and finish point must be verified by a leveling instrument before laying pipe.
10. The plumber will be responsible for barricading off any open holes or ditches.
11. The contractor must call the Operations and Maintenance office at 843-987-9209 between the hours of 7:30 am and 4:00 pm to schedule sewer tap inspections for completed taps. Barring emergencies, inspections will be done on Mondays, Wednesdays, and Fridays only. Information for an inspection may be called in up to 4:00 pm the afternoon before an inspection day or fax to **843-987-9234** also it can be e-mailed to **inspection@bjwsa.org**. We cannot schedule a specific time for an inspection.
12. If an inspection fails or is not complete, the plumber is responsible for correcting the problem and calling the Operations and Maintenance office for a re-inspection. There will be a **\$65 re-inspection fee**. The re-inspection will be the clean out nearest the building. A copy of the approved form will be E-mailed to the proper Building Codes Department. Permanent power connection will not be allowed until the Building Codes Department is notified of the approved sewer inspection or a letter is received from BJWSA allowing permanent power but no CO.

Revised 7/16/2010

**REQUEST APPLICATION TO REMOVE TREE(S)
TO BUILDING OFFICIAL, CITY OF BEAUFORT**

Phone: 843-525-7040 / Fax: 843-986-5606

No tree having a diameter at breast height (DBH) of eight (8) inches or greater, as measured at a height of four and one-half (4 1/2) feet above the ground, may be removed unless a tree removal application has been submitted and approved in writing by the administrator (per Section 7.3.C.2.a).

The undersigned, this _____ day of _____ 20____, hereby request to remove _____ tree(s)
on the lot or land owned by _____,

Site address _____

For the following reasons _____

PLEASE NOTE: CONTRACTORS ARE RESPONSIBLE FOR REMOVING AND PROPERLY DISPOSING OF ALL TREE DEBRIS FROM THE JOB SITE (I.E. CANNOT BE LEFT ON CURB FOR OTHERS TO PICK UP). TRUNK SECTIONS KEPT BY PROPERTY OWNER SHALL BE LOCATED IN REAR OF PROPERTY.

Identify house and indicate location of tree(s) to be removed.
Tree(s) **MUST** be marked.
Commercial sites are required to have a tree survey



Contractor _____

Contractual Amount _____

Signature _____

Phone # _____

TREE TO BE REMOVED

Type Of Tree	Diameter (54" from ground)
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE INDICATE IF TREE IS LOCATED IN A FENCED YARD CONTAINING A DOG(S).

YES NO IF YES, PROVIDE THE OWNERS CONTACT NUMBER FOR ACCESS

TO FENCED YARD FOR TREE INSPECTION: _____

Do Not Write In This Space

A. REQUEST TO REMOVE TREES **APPROVED:** BY: _____

B. REQUEST TO REMOVE TREES **DENIED:** BY: _____

B-1 You may resubmit your tree survey, or

B-2 You may appeal to the Tree Board in writing within 15 days prior to their next scheduled meeting. Your appeal request must be submitted to the Planning Department, 1911 Boundary Street, Beaufort, SC 29902. Tel (843) 525-7011 Fax (843) 986-5606.