



# PERMIT FOR CONSTRUCTION IN CITY OF BEAUFORT, SOUTH CAROLINA

DEPARTMENT OF INSPECTIONS  
302 Carteret St., Beaufort, SC 29902

PERMIT NUMBER: \_\_\_\_\_

IMPACT FEE: \$ \_\_\_\_\_

PERMIT FEE: \$ \_\_\_\_\_

DISTRICT	TAX MAP SHEET	SUB-MAP	PARCEL	BLOCK	DATE ISSUED
----------	---------------	---------	--------	-------	-------------

LOCATION OF BUILDING    LOT \_\_\_\_\_    BLOCK \_\_\_\_\_    SUBDIVISION \_\_\_\_\_

STREET \_\_\_\_\_

FLOOD ZONE \_\_\_\_\_    ELEVATION REQUIRED \_\_\_\_\_    MSL

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

### COST DATA

BUILDING:            \$ _____	ELECTRICAL:        \$ _____
PLUMBING:           \$ _____	HVAC:                \$ _____
WATER/SEWER:      \$ _____	SEPTIC TANK:       \$ _____
TOTAL COST: _____	

TYPE IMPROVEMENT _____	NUMBER UNITS _____
PROPOSED USE _____	TYPE OF HEATING _____
PRINC. TYPE FRAME _____	SEPTIC TANK NO. _____
TYPE SEWAGE _____	NUMBER-BATHROOMS _____
NUMBER-BEDROOMS _____	GROUND FLOOR SQ. FT. _____
NUMBER-STORIES _____	HEATED FLOOR SQ. FT. _____
CENTRAL A/C _____	TOTAL LOT SQ. FT. _____
INTERIOR WALLS _____	NEW IMPERVIOUS SQ. FT. _____
ZONING DISTRICT _____	EXISTING IMPERVIOUS SQ. FT. _____
FIRE ZONE _____	PERVIOUS SQ. FT. _____
OWNERSHIP _____	TYPE FLOORING _____
	SET BACKS _____

**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**



# BUILDING PERMIT REQUIREMENTS CHECKLIST RESIDENTIAL

Owner: \_\_\_\_\_  
 Contractor: \_\_\_\_\_ Address/Lot #: \_\_\_\_\_

ITEMS REQUIRED	OFFICE COMMENTS
Property usage meets requirements of City Zoning Ordinance	
Zoning District _____ Setbacks: Front _____ Side _____ Rear _____ Flood Zone: _____  If it is in a PUD, need a letter stating that the ARB or an Application Approval letter from the Developers has approved the project.  Was a Variance granted? Yes _____ or No _____ If Yes, Provide the letter with your paperwork.	
Is property located in the Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide a Board of Architectural Review (BOAR) letter of approval, if there is a change in the color or design).	
Permit Application attached and completed.	
Address Request Form completed (for new houses - only):	
Three (3) complete sets of plans drawn to scale showing: a. Plot Plan attached (new construction) including setbacks and building location, flood zone, with plot plan sealed by a registered surveyor. b. Tree topo/removal application (if required)	
Foundation Plan.	
Floor Plan (each floor/loft)	
Electrical Floor Plans (size and location of service).	
1. A <u>mechanical plan</u> (Heat/AC) showing size of duct per room, HVAC unit size(s) and BTU rating. – Duct location: <input type="checkbox"/> Above ceiling <input type="checkbox"/> Below floor 2. A <u>plumbing plan</u> showing the location of each fixture. 3. A <u>gas piping plan</u> is also required for all <u>gas appliances</u> (w/ BTU rating for each appliance with size of pipe per fixture).	
Elevation plan(s) (all sides)	
Typical wall section(s) or detail(s) including footing to roof decking	
Waste Disposal Form completed and signed	
Contractor(s) Requirements: a. City License No. _____ Expires: _____ b. State License No. & Group No. _____ Expires: _____ c. Subcontractor's listed on Subcontractor's List Form _____ d. Prime Contractor's Affidavit signed _____ e. Electrician's Affidavit signed _____	
Encroachment Permit Application submitted and signed <input type="checkbox"/> SCDOT <input type="checkbox"/> Public Works a. Site plan indicates location of driveway with size of culvert/drain pipe located on plan.  Encroachment Permit Approval provided <input type="checkbox"/> SCDOT <input type="checkbox"/> Public Works	

<p><b>TOTAL LOT SQUARE FOOTAGE:</b> _____ <b>SQ. FT.</b></p> <p><b>IMPERVIOUS SURFACE:</b> _____ <b>SQ. FT.</b></p> <p><b>PERVIOUS SURFACE:</b> _____ <b>SQ. FT.</b></p>	
<p><b>NOTE: Tree protection is required to be installed prior to “footing” inspection</b></p>	
<p><b>COMMENTS:</b></p>	

# SUBCONTRACTOR LIST

CITY OF BEAUFORT  
 P. O. DRAWER 1167  
 BEAUFORT, SC 29901  
 Ph: (843) 525-7025/Fax: (843) 525-7013

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}, OR {N/A}, ACCORDING TO WHICH BEST APPLIES TO EACH TRADE.

Type of Subcontractor Work	Name and address of Subcontractor	Date Job Started Mo/Yr	Amount of Job	THIS SECTION IS FOR CITY USE ONLY – PLEASE DO NOT USE !			
				License Fee	Check License Type		Date Paid
					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							
PAINTING							
PAVING							
PLUMBING							
PORTABLE TOILETS							
RADIO/TV INSTALLER							
ROOFING							

SCREEN INSTALLER							
SEPTIC TANK INSTALLER							
SIGN INSTALLER							
SIDING INSTALLER							
STUCCO							
SWIMMING POOL							
TIN & METAL							
TREE SURGEON							
TRIM CARPENTER							
TRIM (EXTERIOR)							
TRIM (INTERIOR)							
TRUSSES INSTALLER							
WALLPAPER HANGER							
WASTE BIN RENTAL							
WELL DRILLING							
WINDOWS							
OTHER							

**CITY OF BEAUFORT**  
**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.
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 and forward same to the Business License Office for verification, 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: \_\_\_\_\_

# CITY OF BEAUFORT ELECTRICIAN'S AFFIDAVIT

**BUILDING PERMIT NO:** \_\_\_\_\_

**THIS AFFIDAVIT MUST BE COMPLETED BEFORE ELECTRICAL OR POOL PERMITS WILL BE ISSUED.**

**ELECTRICIAN'S NAME:** \_\_\_\_\_

**STATE LICENSE NUMBER:** \_\_\_\_\_

**CITY OF BEAUFORT BUSINESS LICENSE NUMBER:** \_\_\_\_\_

**TYPE OF LICENSE:**     Master                       Journeyman

**OWNER'S NAME:** \_\_\_\_\_

**LOCATION OF WORK TO BE PERFORMED:** \_\_\_\_\_

**SIZE OF ELECTRICAL SERVICE IN AMPHERES:** \_\_\_\_\_

**NATURE OF WORK:** \_\_\_\_\_

**COST OF JOB:** \_\_\_\_\_

**I, the undersigned will perform the electrical work as described above and have a valid City of Beaufort Electrical License.**

\_\_\_\_\_  
**Electrician's Name**

\_\_\_\_\_  
**Date**

## BJWSA SEWER TAP SPECIFICATIONS

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 of the pipe, access 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 connect to this pipe at an approved grade. No other taps to the gravity main or manholes shall be made without the approval of the Authority. The contractor must verify location and elevation of this lateral before laying out the plumbing plans. The Authority reserves the right to determine the size of the service lateral to any property. The Authority shall also determine the extent of piping that is to be deeded to BJWSA for operation and maintenance.
2. The lateral must be constructed of 4" or 6" SDR-35, ASTM-3034 pvc, gasketed sewer pipe. All pipefittings must be pvc, gasketed fittings made specifically for SDR-35 sewer pipe. No petroleum-based pipe lube shall be used.
3. The finished grade of the lateral must be 1/8-inch per foot. The Authority will determine if this grade can be modified. A minimum 1-foot cover is required for all lateral piping. Bedding may be required depending on soil conditions.
4. A dual sweep tee with a cleanout plug must be installed at the building for cleaning in both directions and a 4" cleanout with a concrete ring is required at the property line nearest the main. The dual sweep tee may be waived if cleanouts inside the building are turned toward the main. The lateral must be constructed in such a way to reduce the number of bends from the building to the street connection. 90 degree bends will not be allowed. If it is determined that an excessive number of bends has been used, the Authority will require cleanouts to be installed at each bend. All required cleanouts must be turned toward the sewer main and stubbed up to ground level. Maximum distance between cleanouts shall not exceed 75 feet.
5. When laying pipe, the contract must start at the lowest level, establish his grade, and lay the pipe uphill. Run the pipe as straight as possible with the bell end uphill. No more than 5% deflection on pipe will be allowed. The start and finish point of the proposed lateral must be verified with a leveling instrument before laying any pipe. The plumber will be responsible for barricading or for marking any open ditches.
6. Any cleanouts located in or within 3 feet of asphalt or concrete area such as driveways or parking lots must have a cast iron or brass clean out and be constructed of SDR 26 (heavy walled sewer pipe) to include the wye, riser pipe, and cleanout plug. A 12"x12" concrete pad, 6 inches thick, must be poured around cleanouts in these locations.
7. Should the potential exist for commercial properties to need a grease trap facility, the owner/developer must incorporate the space requirements in the original site plan. The minimum space requirement is 20' x 20' and the site must be located in line with building discharge lateral and be sized according to BJWSA Construction Specifications. Plans and sizing calculations for the installation of any grease trap must be submitted to the Authority by a licensed engineer and approved prior to initiating construction. A cleanout will be installed in the lateral on the discharge side of the grease trap turned toward the main.
8. The contractor must call the Operations and Maintenance office at 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 needs to be called in by 4:00 pm the afternoon before an inspection day. We cannot schedule a specific time for an inspection. The entire lateral from the building to the street connection must be exposed for the inspection. In the case of rain, short sections of the pipe can be covered to keep it from floating, provided the bells are not covered. 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 reinspection. The reinspection will be done according to the above schedule. The inspection form will be left at the cleanout at the street or in the contractor's tube. A copy of the approved inspection form will be mailed to the Beaufort County Building Codes Department. Permanent power connection will not be allowed until the County is notified of the approved sewer inspection.

Suggestions: Install magnetic locator tape on all piping for easy location when covered. Avoid laying pipe shallow in areas where future vehicular traffic is likely. Install cleanout plugs 4" above finished grade to allow for sodding. It can always be shortened to match the grade of the established lawn.

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

**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 7.3.2.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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

-----  
Do Not Write In This Space

A. Request is granted according to site plan \_\_\_\_\_  
Building Inspector

B. Request is denied according to site plan \_\_\_\_\_  
Building Inspector

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, 302 Carteret St., Beaufort, SC 29902. Tel (843) 525-7011 Fax (843)525-7034

# WASTE DISPOSAL VERIFICATION

Please complete the following information. This form must be completed and left with the Building Permit Office.

Name of Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (work): \_\_\_\_\_ (home): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Property Owner: \_\_\_\_\_  
(of the property where the waste is being generated)

Address of Property Owner: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Property Location: \_\_\_\_\_

Planned disposal method (recycling, disposal at C & D landfill, disposal at MSW, etc.):

\_\_\_\_\_

Waste Hauling Company: \_\_\_\_\_

Planned location of disposal: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## SEND COPY TO:

James S. Minor, Jr., Superintendent  
Beaufort County Public Works  
120 Shanklin Road  
Beaufort, SC 29902  
Phone: (843) 846-3910  
Fax: (843) 846-4513  
E-mail: [jminor@mail.co.beaufort.sc.us](mailto:jminor@mail.co.beaufort.sc.us)