



# DEVELOPMENT REVIEW PROCESS DESIGN REVIEW APPLICATION

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

- Staff Review
- Board Review

**Application Fee:**

**OFFICE USE ONLY:** Date Filed: \_\_\_\_\_ Application #: \_\_\_\_\_ Zoning District: \_\_\_\_\_

**Schedule:** The Design Review Board (DRB) typically meets the 2<sup>nd</sup> Thursday of each month at 2pm. Upon receipt of an application, staff will review the submittal and then contact the applicant letting them know when the meeting will be.

A complete schedule can be found at: <https://www.cityofbeaufort.org/379/Design-Review-Board>

**Submittal Requirements:** All forms and information shall be submitted digitally + 5 hardcopies of all documents. In addition to a complete application form, applicants shall submit the required items according to the checklists on the subsequent page.

**Review Request:**     Conceptual         Preliminary         Final

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, Property, and Project Information

Applicant Name: \_\_\_\_\_

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

Applicant E-mail: \_\_\_\_\_ Applicant Phone Number: \_\_\_\_\_

Applicant Title:     Homeowner     Tenant     Architect     Engineer     Developer

Owner (if other than the Applicant): \_\_\_\_\_

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

**Project Name:** \_\_\_\_\_

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

Property Identification Number (Tax Map & Parcel Number): \_\_\_\_\_

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



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**Required Project Information**

Project Name: \_\_\_\_\_

Property Size in Acres: \_\_\_\_\_ Proposed Building Use: \_\_\_\_\_

Building Square Footage (if multiple buildings, please list each one and their square footage by floor): \_\_\_\_\_

# of Parking Spaces Required: \_\_\_\_\_ # of Parking Spaces Provided: \_\_\_\_\_

Is this project a redevelopment project? Y N

Are there existing buildings on the site? Y N if yes, will they remain? Y N

Provide a brief Project Narrative and outline any specific questions you would like addressed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(The owner's signature is required if the applicant is not the owner.)

**CONTACT INFORMATION:**

Attention: Julie A. Bachety, Administrative Assistant II  
City of Beaufort Community Development Department  
1911 Boundary Street, Beaufort, South Carolina 29902  
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