

DEMO PERMIT

ADDRESS _____

OWNER _____

CONTACT PHONE _____

CONTRACTOR _____

CONTRACTOR EMERGENCY PHONE NUMBER(S) _____

PUPS CONTACTED _____

ELECTRICAL DISCONNECTED _____

GAS DISCONNECTED _____

WATER AT METER _____

SEWER LINE FLAGGED _____

TREE PROTECTION PROVIDED _____

Application for Permit - P O Drawer 9, Port Royal South Carolina

Permit Number _____

Permit Fee _____

Date Issued _____

| | | |
|--|--|---|
| Owner: _____ Address: _____ _____ Phone _____ E-mail _____ | Contractor: _____ Address _____ _____ Phone _____ State License # _____ Business License Number _____ | Electrician: _____ Address _____ _____ Phone _____ State License # _____ Business License Number _____ |
|--|--|---|

| | | |
|---|--|---|
| Plumber: _____ Address _____ _____ Phone _____ State License # _____ Business License Number _____ | Mechanical: _____ Address _____ _____ Phone _____ State License # _____ Business License Number _____ | Architect: _____ Address _____ _____ Phone _____ State License # _____ Business License Number _____ |
|---|--|---|

Site Location **D/M/P** _____ 911 Address _____

Flood Zone _____ Lot # _____

Check All That Apply

| | | | |
|---|---|---|---|
| PERMIT TYPE <input type="checkbox"/> Building <input type="checkbox"/> Demolition <input type="checkbox"/> Moving <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical (HVAC) | PURPOSE <input type="checkbox"/> Build Multi Unit Housing <input type="checkbox"/> Expand Commercial Building <input type="checkbox"/> Expand Multi Fam Res. <input type="checkbox"/> Expand Out Building <input type="checkbox"/> Expand Single Family <input type="checkbox"/> Expand Transient Accom. <input type="checkbox"/> Fence | <input type="checkbox"/> New Commercial Build <input type="checkbox"/> New Multi Fam Res. <input type="checkbox"/> New Mobile Home <input type="checkbox"/> New Out Building <input type="checkbox"/> New Single Fam Res. <input type="checkbox"/> New Transient Accom. <input type="checkbox"/> Repair/Remodel Comm. | <input type="checkbox"/> Repair/Remodel Multi Fam <input type="checkbox"/> Repair/Remodel Outbuilding <input type="checkbox"/> Repair/Remodel Single Fam. <input type="checkbox"/> Repair/Remodel Transient <input type="checkbox"/> Place Used Mobile Home <input type="checkbox"/> Other |
| TYPE OF FRAME <input type="checkbox"/> Wood <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Other _____ | DIMENSIONS Number of Stories _____ Number of Bathrooms _____ Number of Bedrooms _____ Total Square Feet _____ | HVAC <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other _____ <input type="checkbox"/> Central AC <input type="checkbox"/> Elevator | OWNERSHIP <input type="checkbox"/> Private <input type="checkbox"/> Public WASTE DISPOSAL SYSTEM <input type="checkbox"/> Sewer <input type="checkbox"/> Septic Tank |
| Lot Square Footage _____ Impervious Surface _____ Pervious Surface _____ | WALLS <input type="checkbox"/> Drywall <input type="checkbox"/> Paneling <input type="checkbox"/> Other _____ | FLOORS <input type="checkbox"/> Carpet <input type="checkbox"/> Vinyl <input type="checkbox"/> Tile <input type="checkbox"/> Other _____ | PROJECT DESCRIPTION |

Cost Data

Building \$ _____ Electrical \$ _____ Total Cost of Construction \$ _____
 Plumbing \$ _____ HVAC \$ _____

It is understood and agreed by the undersigned owner or agent and contractor (if applicable) that the approval of this application does not constitute a privilege to violate the building code, zoning ordinance, or other ordinances of the Town of Port Royal, and that any omission of or misrepresentation of fact with or without intention of the undersigned, or any alteration or change from this application without the approval of the building official shall constitute sufficient grounds for the revocation of any permit issued which was based on the approval of this application. The owner as listed above will be held legally liable for any violations which may occur with or without his knowledge. The owner shall be allowed to request a Certificate of Occupancy when all inspections have been approved.

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

Owner and/or Agent _____

Contractor _____

Date _____

[] RES CHECK

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) 470-6406 Fax: (843) 470-6422
E-mail: jminor@bcgov.net