



Permitting Department
 700 Paris Avenue
 Port Royal, SC 29935
 (843) 986-2215
 permits@portroyal.org

RESIDENTIAL BUILDING PERMIT APPLICATION

| Project Information | |
|---|-------------------------------------|
| Parcel ID Number: | Zoning District: |
| Project Address: | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| The owner of this property is aware of and has authorized the proposed work as described in this application: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Applicant / Contractor | Property Owner |
| Name: | Name: |
| SC State License Number: | Email: |
| Port Royal License Number: | |
| Email: | Phone: |
| Phone: | Mailing Address: |
| Address: | |
| <input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Change of Occupancy/Safety <input type="checkbox"/> Renovation/Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Other: _____ | |
| Total Project Cost: | |
| Number of Stories: | Total Lot Sq. Ft.: |
| New Sq. Ft.: | New Impervious Sq. Ft.: |
| Existing Sq. Ft. (if applicable): | Existing Impervious Sq. Ft.: |
| Total Gross Sq. Ft.: | Pervious Sq. Ft.: |
| New Garage: <input type="checkbox"/> Attached <input type="checkbox"/> Detached Total Sq. Ft.: _____ | |
| Type of Heating: <input type="checkbox"/> Gas <input type="checkbox"/> Electric | |
| Type of A/C: <input type="checkbox"/> Central <input type="checkbox"/> Window | |
| Type of Sewage: <input type="checkbox"/> BJWSA <input type="checkbox"/> Septic No. | |
| Type of Water: <input type="checkbox"/> BJWSA <input type="checkbox"/> Well | |
| Scope of Work (Describe in Detail): | |
| | |
| Applicant Signature: | Date: |
| <div style="display: flex; justify-content: space-between; font-size: small; color: #E91E63;"> * OFFICE USE ONLY * Date Filed: Application #: Permit Fee: </div> | |

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 _____

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