

Council

Kevin Phillips
Mayor

Mary Beth Heyward
Mayor Pro Tempore

Jerry Ashmore
Jorge Guerrero
Darryl Owens



Van Willis
Town Manager

Jeffrey Meyers
Chief of Police

Jeffrey S. Coppinger
Operations

Noah Krepps
Planning

Opening a Physical location within Town Limits

The Process

- Provide application for Change of Occupancy permit using the building permit application attached, provide a detailed escape plan, and pictures of the exterior of your building.
- Once the Application packet (Change of Occupancy permit, Escape Plan, Pictures of the exterior of building) are approved, a \$30.00 fee will be required for the change of occupancy permit to be issued for inspection.
 - Use the attached change of occupancy checklist to verify your building is ready for an inspection. (Please do not call in an inspection if the checklist items aren't complete)
- Register for Business Personal Property Taxes at the Beaufort County Auditors office located at 100 Ribaut Rd using the Beaufort County Affidavit form attached.
- Complete the Standardized Business License Application
- Return to Business License Official with an approved change of occupancy inspection, a signed affidavit form, and a completed business license application.

Required for an approved Business License

- An approved Change of Occupancy inspection
- A completed Business Personal Property Tax form signed from the Beaufort County Auditor
- A completed business license application
- The appropriate license fee
- Any other items referenced by the Business License Official

You cannot operate your business without an issued and active business license, this process must be completed before opening

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REQUIREMENTS FOR A SAFETY INSPECTION

- 1. Building permit application with thorough description of the business.**
- 2. Floor plan of the space. It should mirror how you plan to use it.**
 - a. Be dimensioned and legible.**
 - b. Label the use of each room.**
 - c. Must show all exits and restrooms.**
 - d. Total square foot of space.**
 - e. If in a strip center, indicate what businesses they are adjacent to.**
- 3. Thorough description of the business.**



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Change of Occupancy inspection checklist:

General inspection items. This list is not all inclusive and all inspections are not the same.

1. Building address posted.
2. Evacuation plan posted.
3. Exit doors and passageways must be free of clutter.
4. Fire extinguishers mounted and certified. Certification must be done within the last year.
5. If installed, fire sprinkler system certified within the last year.
6. Commercial kitchens: hood suppression system certified, and grease hood cleaned.
7. All emergency/exit lighting is working, and their battery backups are charged, which allows lighting to operate during power failure.
 - a. Lights need to be installed if missing. Consult with the Fire Marshal or Building Official on where required.
8. If installed, fire alarm system is working and certified.
9. Tenant separation walls have no open penetrations, check above dropped ceilings or attics. Penetrations must be sealed by an approved fire stop system.
10. Building electrical service equipment must be grounded.
11. Electrical Panel
 - a. No clutter around them with 3' of clearance.
 - b. No open breaker slots.
12. GFCI receptacles installed in wet locations, within 6' of a sink, in bathrooms, kitchens and at exterior.
13. Electrical junction boxes are closed with an approved cover.
14. Additional items may be required based on inspection and occupancy type.

Adopted 09/22/2023
Change of Occupancy



Beaufort County Auditor
 Post Office Box 458
 Beaufort, South Carolina 29901-0458
 Phone 843-255-2500
BeaufortCountyAuditor@bcgov.net

**Beaufort County Affidavit For Business Personal Property Tax
 For Merchant Or Service "Furniture, Fixtures & Equipment"**

No County Or City Business License (New / Renewal) Can Be Issued Without Proof Of Paid
 Business Personal Property Tax Or This Affidavit Signed By The Beaufort County Auditor

South Carolina Code of Law § 12-37-970

Please Type or print the below information

DATE BUSINESS STARTED: _____

CORPORATE NAME:
 "As listed on the Business License" _____

BUSINESS NAME OR D/B/A: _____

BUSINESS OWNER NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

**PHYSICAL LOCATION
 OF BUSINESS:** _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

**TYPE OF BUSINESS OR
 SERVICE PROVIDED:** _____

SERVICE ORIENTED BUSINESS **or** **RETAIL (sales tax) BUSINESS**

Social Security Number or Federal employer Tax ID Number (FEIN) _____

BUSINESS LICENSE# _____

Is this Business License due to you renting a second home? **YES** **OR NO**

FORM COMPLETED BY: _____ **DATE:** _____

FOR COUNTY USE ONLY

- () **EXEMPT**
- () **PAID (SEE ATTACHED PAID TAX RECIEPT)**
- () **APPLIED DATE FIRST (1ST) TAX BILL DUE:** _____

BEAUFORT COUNTY AUDITOR'S SIGNATURE: _____

IMPORTANT: ALL APPLICABLE BLANKS MUST BE COMPLETED TO PROCESS



Permitting Department
 700 Paris Avenue
 Port Royal, SC 29935
 (843) 986-2207
 permitting@portroyal.org

COMMERCIAL 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:	Phone:
Port Royal License Number:	Email:
Email:	Mailing Address:
Address:	
Phone:	
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Renovation/Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Change of Use <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Fire Sprinkler <input type="checkbox"/> Fire Alarm <input type="checkbox"/> Kitchen Hood <input type="checkbox"/> Fuel/LP Storage Tanks <input type="checkbox"/> Change of Occupancy/Safety <input type="checkbox"/> Other: _____	
Total Project Cost _____ Flood Zone _____ Elevation Required _____	
Type of Construction (per IBC Ch. 6):	Total Lot Sq. Ft.:
Occupancy Classification (per IBC Ch. 3):	New Impervious Sq. Ft.:
Change of Use?: <input type="checkbox"/> Yes <input type="checkbox"/> No Previous Use _____	Existing Impervious Sq. Ft.:
Type of Heating: <input type="checkbox"/> Gas <input type="checkbox"/> Electric	Previous Sq. Ft.:
Type of A/C: <input type="checkbox"/> Central <input type="checkbox"/> Window	# of Stories:
Type of Sewage: <input type="checkbox"/> BJWSA <input type="checkbox"/> Septic No.	Gross Sq. Ft. of Largest Story:
Type of Water: <input type="checkbox"/> BJWSA <input type="checkbox"/> Well	Total Gross Sq. Ft.:
Scope of Work (Describe in Detail):	
Applicant Signature:	Date:
* OFFICE USE ONLY *	Date Filed: _____
Application #:	Permit Fee: _____

South Carolina Standardized Business License Application



City or County: _____

Business Information

Corporate name: _____

Name shown to public: _____

Open date: _____

Organization type: Sole proprietor LLC LLP LP Corporation
Articles of Organization or Incorporation may be required.

Business activity/type: _____

NAICS code: _____

Federal ID/SSN #: _____

State retail sales #: _____

Mailing address: _____

Physical

address: _____

Inside jurisdiction, Tax parcel #: _____

Outside jurisdiction

Contact name, title: _____

Contact phone: _____

Ext. _____

Alternate phone: _____

Fax: _____

Email: _____

Owner or Principal(s) Information

Owner or Principal(s) name(s), title(s): _____

SSN #: _____

SSN #: _____

Driver's license #: _____

State: _____

Expiration date: _____

Mailing address: _____

Work phone: _____

Ext. _____

Cell phone: _____

Fax: _____

Email: _____

Job/Project Information

Project start date: _____

Estimated end date: _____

Project location: _____

Tax parcel #: _____

Project type: New construction Renovation Other _____

General contractor name: _____

State contractor license #: _____

Copy may be required

State: _____

Expiration date: _____

Master/specialty license #: _____

Job contact name: _____

Phone: _____

Total gross revenues of contract amount: \$ _____

Gross revenues, inside jurisdiction: \$ _____

Gross revenues, outside jurisdiction: \$ _____

Value of authorized deductions: \$ _____

Deduction type(s): _____

Contact your city or county business licensing office with questions regarding this form. Visit www.masc.sc (Keyword: Municipal Directory) to find contact information for your city or town.



Other Information

<input type="checkbox"/> Yes <input type="checkbox"/> No	Buying an existing construction business? <i>If yes, purchased business' name:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Business leasing space to another business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mail business license renewals to mailing address listed in the business information section on the previous page? <i>If not, corporate address:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Change of use to building?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Erecting a new sign?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Home occupation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Independent contractors (Form 1099)? <i>If yes, names:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Leasing property? <i>If yes, landlord name and address:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Restrictive covenants? If yes, provide copy.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you sell food or beverages that are prepared and/or consumed on your premises?

Applicant Certification *(Contact the municipality in which you are doing business to determine if a notarized signature is required.)*

- I hereby certify that all information provided is true and correct to the best of my knowledge and that the gross revenue is accurately reported or estimated for a new business without any unauthorized deduction.
- I certify that assessments, delinquencies and personal property taxes due to the jurisdiction are fully paid.
- I understand that providing false or fraudulent information may result in penalties, business license revocation and/or prosecution to the fullest extent possible.
- I am aware of and understand the jurisdiction's requirements and codes, and the issuance of a business license is contingent upon strict and consistent compliance with all of the jurisdiction's requirements.
- I understand that failure to comply with these requirements may result in business license revocation as well as other compliance or legal efforts.
- I also understand and authorize the jurisdiction and its agents to utilize all information on this application to ensure that all other federal, state and local laws are complied with.

Applicant printed name:

Signature:

Title:

Date:

For Office Use Only

Approved by all necessary departments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments		
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Business license #:	Rate class:	
Rate Base rate: \$	Every \$1,000 after: \$	
Amount due Fee: \$	Penalties: \$	Total: \$
Decal required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cost/each: \$	Total: \$
Receipt Amount paid: \$	Date paid:	Number of decals:
Staff name:	Signature:	Date:

Contact your city or county business licensing office with questions regarding this form. Visit www.masc.sc (Keyword: Municipal Directory) to find contact information for your city or town.