



City of Folly Beach

21 Center Street

PO Box 48

Folly Beach, SC 29439

Permit Application

Please fill out application and contractors licenses information and sign in front of clerk. Any information that if found to be missing or fraudulent shall result in voiding the building permit. Permits are not transferable, and fees paid to this department will only be refunded with-in 20 days after written request by the applicant. **No work on Saturday or Sunday.**

NOTE: Please submit two (2) sets of plans drawn to scale and a site plan with this application. See checklist for permitting.

Tax Map # _____ Folly Bus. License # _____ Date _____

Job Address _____ Property Owner Last Name _____

Applicant _____ SC Contractors License # _____ Exp. Date _____

Applicant Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Email _____

Use Single Family/Modular-R1 Multifamily/Duplex R-2 Commercial Dock or Seawall

Describe Work _____

Type of Work New Renovation Addition Sign Tree (Change of Tenants)

Other _____

Square Footage _____ Total Cost of Job _____ Base Flood Elevation(BFE) _____

Office Use Only

Zoning Administrator

Building Official

By signing this application I attest that all information is accurate and I will abide by all ordinances in effect at time of application. I also give permission that, as long as the permit is valid, inspectors may enter the construction project during normal business hours to conduct an inspection.

Print Name _____

Signature _____

Date _____

INSTRUCTIONS

PLEASE COMPLETE APPLICATION AND FAX OR MAIL TO:

FAX NUMBER: (843) 588-2004

MAILING ADDRESS: CITY OF FOLLY BEACH
BUILDING DEPT.
PO BOX 48
FOLLY BEACH, SC 29439

ALL CONTACTORS PLEASE INCLUDE A COPY OF YOUR SOUTH CAROLINA STATE CONTRACTORS LICENSE.