



City of Folly Beach

21 Center Street
PO Box 48
Folly Beach, SC 29439

Permit Application

Please fill out application and contractor's licenses information and print sign and date. Any information that if found to be missing or fraudulent shall result in voiding the 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. **Quiet work only on Saturday or Sunday (enforced when noise complaint received).** Normal work hours are 8am to 6pm Monday through Friday Dumpster and Toilet must be provided at all times onsite.

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

PID/Tax Map # _____ Folly Beach Business License # _____

Job Address _____ Property Owner Name & Address _____

State License # (SCLLR) _____ Expiration Date _____

Applicant _____ Address _____

City _____ State _____ Zip Code _____ Phone _____

Fax _____ Email _____

Type of permit New Const Remodel Elec Mech Plumb Gas Sign Tree Encroach Other

Covered square footage _____ Heated Square Footage _____

Total Cost of Job (labor and materials) _____ Base Flood Elevation(BFE) _____

Roofing- submit material specifications with permit application. Must be tested to 150 MPH(3 SEC GUST). ASTM D 7158 class H or ASTM D-3161 class F

Office Use Only

Zoning Administrator

Building Official

Public Safety 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 _____