



# 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 130 MPH. 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 \_\_\_\_\_