



City of Folly Beach

21 Center Street

PO Box 48

Folly Beach, SC 29439

Design Review Board Application

Tax Map # _____

Project/Job Address _____

Property Owner Name & Address _____

Applicant _____ Address _____

City _____ State _____ Zip Code _____ Phone _____

Email address _____

Date of application _____

Type of Approval: Accelerated Conceptual Preliminary Final

Project description:

<u>Office Use Only</u>	
<p>_____</p> <p>Zoning Administrator</p>	<p>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.</p> <p>Print Name _____</p> <p>Signature _____</p> <p>Date _____</p>