



**BUILDING PERMIT APPLICATION**  
**Town of Surfside Beach**  
Tel: 843-913-6341 Fax: 843-839-0057

PROPERTY STREET ADDRESS \_\_\_\_\_ TAX MAP # \_\_\_\_\_

OWNERS NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ SECTION \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_

FLOOD ZONE \_\_\_\_\_ BASE FLOOD ELEVATION \_\_\_\_\_ FIRM PANEL # \_\_\_\_\_

**TYPE OF WORK TO BE PERFORMED**

NEW BUILDING OR STRUCTURE  ADDITION  RENOVATION/REMODEL  REPAIR/REPLACEMENT  
 MOVE/DEMOLITION  ELECTRICAL  MECHANICAL/GAS  PLUMBING  OTHER \_\_\_\_\_

PROPOSED USE \_\_\_\_\_ CURRENT USE \_\_\_\_\_

CONSTRUCTION TYPE \_\_\_\_\_ OCCUPANCY TYPE \_\_\_\_\_ GROSS SQUARE FEET \_\_\_\_\_

# OF STORIES \_\_\_\_\_ HEIGHT ABOVE GRADE \_\_\_\_\_ SETBACKS: FRONT \_\_\_\_\_ REAR \_\_\_\_\_ SIDE \_\_\_\_\_ SIDE \_\_\_\_\_

SQ. FOOTAGE OF LOT \_\_\_\_\_ # OF PARKING SPACES \_\_\_\_\_ # OF BEDROOMS \_\_\_\_\_ # OF BATHS \_\_\_\_\_

**DESCRIBE IN DETAIL PROPOSED SCOPE OF WORK:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRIME CONTRACTOR \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

CONTRACTOR LICENSE # \_\_\_\_\_ BUSINESS LICENSE# \_\_\_\_\_

VALUE OF CONSTRUCTION/IMPROVEMENT \$ \_\_\_\_\_ (INCLUDE ALL LABOR, MATERIAL & PROFIT)

Pursuant to SC Code Section 6-29-1145, is this tract or parcel restricted by any recorded covenant that is contrary to, conflicts with or prohibits the activity described in the permit? YES \_\_\_\_\_ NO \_\_\_\_\_ NOT APPLICABLE \_\_\_\_\_

*It is understood and agreed by the undersigned that the issuance of any permits does not constitute a privilege to violate any town ordinance, codes or regulations and that any omission or misrepresentation of facts or changes from this application or permit without the approval of the Planning, Building & Zoning Department shall constitute sufficient grounds for revocation of any permits issued. All permits are non-transferable and non-refundable.*

Signature of Applicant

Date