INSTRUCTIONS FOR PERMIT APPLICATION FORM

Revised 11/02

New structures

You must have the correct lot number and a street name. The parcel number needs to be recorded by Beaufort County prior to applying for the building permit.

Part I
Part II
Part III
Part VI

Additions

Part I
Part II
Part IV
Part VI

Other Permits

Renovation/remodel/repair, Manufactured Homes, Pools, Irrigation systems, Roofing, Electrical, Electrical change out, Plumbing, etc.

Part I
Part II
Part V
Part VI

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Town of Hilton Head Island

BUILDING PERMIT APPLICATION

Department of Building and Fire Codes

Information- 843-341-4757, Inspection Requests- 843-341-4677, Fax- 843-842-8587

Revised 11-8-02

AP

PLANS CHECK _____ BCIF _____
PERMIT FEE _____ TIF _____ TOTAL $

B __ __ __ __ __ __ __

PART I GENERAL INFORMATION

1. Date: _____ Estimated Date of Completion: _____
2. Location: District/Map/Parcel R_____ Subdivision: _____

   Lot _____Street #_____ Street Name _____Unit #_____Bldg #____
3. Owner Name: _____Phone_____

   Owner Address: _____
4. Contractor: _____Phone_____

   Contractor Address: _____Phone_____

   Contractor State License Number ☐ email: ☐
5. Architect: _____Phone_____

   Architect State License Number ☐ email: ☐
6. Engineer: _____Phone_____

   Engineer State License Number ☐ email: ☐
7. Applicant: _____Phone_____
8. Type of Permit:

   Single Family ☐ **Duplex** ☐ **Multi Family** ☐ **Commercial** ☐ **Affordable Housing** ☐
9. Description of work being done: **Use**_____

   _____
   _____
   _____
   _____
   _____
   _____
   _____

10. <u>Required for all permits that affect the percentage or amount of impervious land surface.</u>

Total parcel area ☐ Total impervious area ☐

Part II VALUE OF CONSTRUCTION

Cost of Plumbing $_____ Plb Contractor: _____

Cost of Electrical $_____ Elect Contractor: _____

Cost of HVAC $_____ HVAC Contractor:_____

Building Cost $_____ **Total Value of Construction** _____

Part III NEW STRUCTURES

New Structure ☐ Modular Construction ☐ Number of Units ☐

Heated Square Feet_____Unheated Square Feet_____

Number of Stories		Fire Alarm System	Yes No
Number of Bedrooms		Sprinklered	Yes No
Number of Bathrooms		Type of Heating /Air	
Total Number of Residential Rooms		Type of Fuel	
Number of Elevators		Gas Appliances	
Number of Fireplaces		Size of LP Tank	
Type of Exterior Materials		Type of Sewage	
Type of Roofing Materials		Septic Tank Number	

PART IV ADDITIONS and RENOVATIONS **Fill in *only those* areas that relate to the addition**

Heated Square Feet_____ Unheated Square Feet_____

Number of Stories		Fire Alarm System	Yes No
Number of Bedrooms		Sprinklered	Yes No
Number of Bathrooms		Type of Heating /Air	
Total Number of Residential Rooms		Type of Fuel	
Number of Elevators		Gas Appliances	
Number of Fireplaces		Size of LP Tank	
Type of Exterior Materials		Type of Sewage	
Type of Roofing Materials		Septic Tank Number	

PART V ALL OTHER PERMITS **Please check box below**

☐ Irrigation

☐ Moving Permit

☐ Demolition Permit

☐ Residential Swimming Pool/Spa

Square Ft. of Pool_____

☐ Commercial Swimming Pool/Spa

Square Ft. of Pool_____

☐ Portable Spa Unit

☐ **Re-roofing-** Type materials

_____

☐ HVAC Replacement/Repair

☐ Manufactured Home

☐ Modular Business Unit

☐ Construction Trailer

☐ Tent Permit

☐ Air Supported Structure

☐ Plumbing

☐ Electrical work other than change out

☐ Electrical Change- out ☐<200 Amps

☐ Electrical Change- out ☐>200 Amps

☐ **Renovation** -Describe on Page 1 #9 of form

Which Floor(s)

_____

Which rooms or units?

_____

Exterior Material

_____

Sprinklered Y___ N___ Fire Alarm Y___ N___

Gas Appliances Y___ N___

Part VI The information provided on this application is complete and accurate

Name (Print)_____email :_____

Signature:_____Date:_____