



City of Folly Beach

21 Center Street

PO Box 48

Folly Beach, SC 29439

Permit Application

Please fill out application and contractors licenses information and sign in front of clerk. 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. **No work on Saturday or Sunday.** Work hours are 0700-1800 Monday through Friday.

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 _____

Company/Owner _____ Address _____

City _____ State _____ Zip Code _____ Phone _____

Fax _____ Email _____

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

Brief Description work _____

Square Footage _____ Total Cost of Job _____ Base Flood Elevation(BFE) _____

Roofing- submit material specifications with permit application. Must be tested to 130 MPH. Shingles must meet ASTM D-7158 H or ASTM D-3161 F

Office Use Only

Zoning Administrator

Fire Marshal

Building 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 _____