



Permitting Department
 700 Paris Avenue
 Port Royal, SC 29935
 (843) 986-2215
 permits@portroyal.org

RESIDENTIAL BUILDING PERMIT APPLICATION

Project Information	
Parcel ID Number:	Zoning District:
Project Address:	
Pursuant to Section 6-29-1145 of the South Carolina Code of Laws, is this tract or parcel restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The owner of this property is aware of and has authorized the proposed work as described in this application: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant / Contractor	Property Owner
Name:	Name:
SC State License Number:	Email:
Port Royal License Number:	Phone:
Email:	Mailing Address:
Phone:	
Address:	
<input type="checkbox"/> New Construction <input type="checkbox"/> Addition <input type="checkbox"/> Change of Occupancy/Safety <input type="checkbox"/> Renovation/Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Other: _____	
Total Project Cost:	
Number of Stories:	Total Lot Sq. Ft.:
New Sq. Ft.:	New Impervious Sq. Ft.:
Existing Sq. Ft. (if applicable):	Existing Impervious Sq. Ft.:
Total Gross Sq. Ft.:	Pervious Sq. Ft.:
New Garage: <input type="checkbox"/> Attached <input type="checkbox"/> Detached Total Sq. Ft.: _____	
Type of Heating: <input type="checkbox"/> Gas <input type="checkbox"/> Electric	
Type of A/C: <input type="checkbox"/> Central <input type="checkbox"/> Window	
Type of Sewage: <input type="checkbox"/> BJWSA <input type="checkbox"/> Septic No.	
Type of Water: <input type="checkbox"/> BJWSA <input type="checkbox"/> Well	
Scope of Work (Describe in Detail):	
Applicant Signature:	Date:
OFFICE USE ONLY	Date Filed: Application #: Permit Fee:



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DEMO PERMIT

Address: _____

Owner: _____

Contact Phone: _____

Contractor: _____

Contractor Emergency Phone Number(s): _____

Public Utility Property Services Contacted (811): _____

Electrical Disconnected: _____

Gas Disconnected: _____

Water At Meter: _____

Sewer Line Flagged: _____

Tree Protection Provided: _____



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WASTE DISPOSAL VERIFICATION

Name of Contractor: _____

Address: _____

Phone: _____

Contact Person: _____

Property Owner: _____

(of the property where the waste is being generated)

Address of Property Owner: _____

Phone: _____

Property Location: _____

Planned Disposal Method (recycling, disposal at C&D landfill, disposal at MSW, etc.): _____

Waste Hauling Company: _____

Planned Location of Disposal: _____

Date: _____

Signature: _____