

**CITY OF BEAUFORT
SAFETY PERMIT APPLICATION**

\$50

DATE: _____

BUSINESS NAME: _____

ADDRESS: _____

APPLICANT'S NAME: _____

PHONE NUMBER: _____

For Official Use ONLY:

Date: _____

Approved By: _____

Zoning: _____

TMP: _____

Describe (in detail) the proposed business to be conducted at the above 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? ___ YES ___ NO

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Who was the previous occupant?
2. Will you require signage? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you moving from a location within the City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where are you moving from?
4. Are you planning to do any renovations? <input type="checkbox"/> Yes <input type="checkbox"/> No

FOR OFFICIAL USE ONLY:

COMMENTS: _____

Ready for Preliminary Inspection: Yes No **When?** _____

APPLICANT'S SIGNATURE