TOWN OF SEABROOK ISLAND
2001 Seabrook Island Road
Seabrook Island, SC 29455
843-768-9121

ZONING PERMIT APPLICATION

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Date: ___________________________  TMS #: ___________________________

Applicant’s Name: ______________________________________________________

Name of Business Contact: _____________________________________________

Address: ___________________________ Phone: ___________________________

City: ___________________________ State: __________ Zip: __________

Property Owner’s Name: ________________________________________________

Address: ___________________________ Phone: ___________________________

City: ___________________________ State: __________ Zip: __________

Property Location Address: ____________________________________________

Lot: ______ Block: __________ Base Flood Elev. __________ Zone: ______

Purpose of Permit: ____________________________________________________

____________________________________________________________________

Value of Construction: _______________ POA Approval: _______________

Applicant’s Signature: ________________________________________________

**This is an application only. The permit will be issued upon approval by the Town of Seabrook Island.**