



## **TOWN OF EDISTO BEACH BUILDING PERMIT APPLICATION REQUIREMENTS**

**Building Department 843-869-2505**

- \_\_\_\_ Two (2) sets of engineered and or architectural drawings with required state seal,  
as required by SC code section 40-3-320 pertaining to architects and or section 40-22-270 (8)  
pertaining to engineers (including electrical, mechanical, and plumbing in addition to window and  
door schedule) minimum paper size 24" by 36"
- \_\_\_\_ Scope of Work form
- \_\_\_\_ Two (2) hard copy site plans, minimum paper size 24" by 36". The state seal is required. (Tree survey  
can be included.)
- \_\_\_\_ SC DHEC septic permit or sewer letter from utilities department
- \_\_\_\_ Water service taps receipt
- \_\_\_\_ Tree Survey with foot-print of building (can be included in site plan)
- \_\_\_\_ Property Owner Letter of Authorization or if applicable, Owner Builder Affidavit, which must be  
recorded with Register of Deeds
- \_\_\_\_ Completed subcontractors list
- \_\_\_\_ Pre-Construction elevation certificate, under construction EC at horizontal construction
- \_\_\_\_ Completed Manual J form and Manual D with duct layout
- \_\_\_\_ Completed energy form, RES check
- \_\_\_\_ Non-Conversion Affidavit, which must be recorded with Register of Deeds

### **For Building in a "V" zone also include**

- \_\_\_\_ V zone design certificate separate from plans
- \_\_\_\_ V zone breakaway wall certificate separate from plans
- \_\_\_\_ Beachfront OCRM permit

<https://www.scdhec.gov/environment/WaterQuality/CoastalPermits/BeachfrontPermitting/>

Town of Edisto Beach  
2414 Murray Street  
Edisto Beach, SC 29438  
(p) 843-869-2505 (f) 843-869-3855  
www.townofedistobeach.com



**SCOPE OF WORK FOR ALTERATIONS / REPAIRS / ADDITIONS**

\_\_\_\_\_ COMMERCIAL

\_\_\_\_\_ RESIDENTIAL

SITE LOCATION \_\_\_\_\_

**APPLICANT PLEASE DESCRIBE IN DETAIL EXACTLY WHAT YOU ARE DOING:**

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APPLICANT

\_\_\_\_\_  
DATE

REVIEWER COMMENTS:

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REVIEWER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PERMIT#

**Town of Edisto Beach**  
**Affidavit of**  
**OWNER BUILDER DISCLOSURE**  
**OWNERS ACKNOWLEDGEMENT**



**UNDER THE STATE LAW, SC CODE 40-59-260 OR SC CODE 40-11-360**, I am the property owner of the property described on the attached. I acknowledge that have applied for a permit under an exemption to that law.

*(NOTE: You must attach a self addressed/stamped envelope and a check for \$25.00 to the Colleton County Register of Deeds and mail to PO Box 157, Walterboro, SC 29488)*

Street Address: \_\_\_\_\_

TMS #: \_\_\_\_\_ Lot # \_\_\_\_\_ Block # \_\_\_\_\_

"State law, SC Code 40-59-260 or SC Code 40-11-360 requires residential construction to be done by licensed residential builders and specialty contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own builder even though you do not have a license. You must supervise the construction yourself. You may build or improve a one-family or two-family residence. The building must be for your own use and occupancy. It may not be built for sale or rent. If you sell or rent a building you have built yourself within two years after the construction is complete, the law will presume that you built it for sale or rent, which is a violation of this exemption. You may not hire an unlicensed person as your residential builder or specialty contractor. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations."

(D) At the time an owner personally appears and signs the building permit application as required by subsection (C) of this section, the local permitting agency shall provide the owner with all forms necessary to comply with subsection (E) of this section.

(E) If a residential building or structure has been constructed by an owner under the exemption provided for in this section, the owner of the residential building or structure must promptly file as a matter of public record a notice with the register of deeds, indexed under the owner's name in the grantor's index, stating that the residential building or structure was constructed by the owner as an unlicensed builder. Failure to do so revokes the statutory exemption.

(F) Nothing in this chapter may be construed to authorize an owner of a residential building or structure to hire a person or entity that is not licensed or registered in accordance with this chapter.

\_\_\_\_\_  
Date Signature of Owner Date Witness 1

\_\_\_\_\_  
Print Owner's name as it appears on Deed Date Witness 2

The foregoing instrument was acknowledged before me by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification and signed this document in my presence. Affix seal or stamp below

WITNESS my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature My Commission expires



# Town of Edisto Beach

## Subcontractors Listing

Project Address \_\_\_\_\_

General Contractor \_\_\_\_\_ Mailing Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Email-Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Total Contract Value \$ \_\_\_\_\_

I certify that the following list contains all subcontractors associated with this project. I will notify the building department of any changes that occur. Before a Certificate of Occupancy is issued, this list will be audited. Every subcontractor is responsible for obtaining a business license with the Town.

Signed \_\_\_\_\_ Date \_\_\_\_\_

If the work is being performed by employees of the General Contractor, please indicate "EMPLOYEES". (Employees are defined as individuals for whom Social Security taxes and income taxes are withheld by the General Contractor and W-2 forms are issued to them.) If this does not apply, they are considered to be subcontractors.

Contractors Name	Address	Telephone #	Contract Value
Lot Clearing/Grading			
Layout/Dig			
Mason			
Pest Control			

<b>Contractors Name</b>	<b>Address</b>	<b>Telephone #</b>	<b>Contract Value</b>
Frame /Carpenter			
Roofer			
Doors/Locksmith			
Windows/Glass			
Fire Place			
Electrical			
Alarm System			
Plumbing			
HVAC			
Gas Fitter			
Building Sprinkler			
Insulation			

Siding			
Elevator			
Drywall			
Trim Carpenter			
Cabinet Maker/Installer			
Painter			
Interior Wall Cover			
Wood Floor Installer			
Tile Floor Installer			
Vinyl Floor Installer			
Carpet Installer			
Equipment Rentals			





# MANUAL J & MANUAL D REQUIREMENTS

The purpose of Building Codes is to assist the agency having jurisdiction in meeting the minimum obligations to protect the general welfare of the population in which they serve. The Town of Edisto Beach has adopted the ICC – 2015 International Mechanical Code, ICC – 2015 International Residential Code, and the ICC – 2009 International Energy Conservation Code. Each of these codes reference specific ACCA (Air Conditioning Contractors of America, [www.acca.org](http://www.acca.org)) procedures in order to be in compliance. The IMC requires the use of Manual D for all residential duct systems. The IRC requires the use of Manual J for residential load calculations, and Manual D for residential duct systems. The IECC includes Manual J as one of the approved methods for sizing.

The Town of Edisto Beach requires that Manual J and Manual D designs submitted must utilize a software program which is approved and recognized by the ACCA or must provide a manual analysis designed according to all the requirements as listed in the ACCA Manuals. Software designs not approved for use by ACCA will not be accepted.

Below is the most current list of software programs approved by ACCA.

Remember, **only these companies are authorized to display the “Powered by ACCA Manual J” logo and only their products meet the standards of Manual J residential load calculation.**

- [Elite RHVAC](#)
- [Wrightsoft Right-J8](#)
- [Adtek AccuLoads](#)
- [Florida Solar Energy Center’s EnergyGauge](#)
- [CarmelSoft HVAC ResLoad-J \(for iPad\)](#)
- [Avenir MJ8 Editions of HeatCAD and LoopCAD](#)
- [Cool Calc Manual J](#)

The following software has been approved by ACCA as meeting the requirements of Manual D for duct sizing and design. **Only those companies authorized to display the “Powered by ACCA Manual D” logo meet the standards of Manual D.**

- [Elite DUCTSIZE](#)
- [Wrightsoft Right-D](#)
- [Adtek AccuDuct](#)





# Generated by REScheck-Web Software Compliance Certificate

Project A Sample Project

Energy Code: **2009 IECC**  
Location: **Edisto Beach, South Carolina**  
Construction Type: **Single-family**  
Project Type: **New Construction**  
Conditioned Floor Area: **3,800 ft<sup>2</sup>**  
Glazing Area: **3%**  
Climate Zone: **3 (2229 HDD)**  
Permit Date:  
Permit Number:

Construction Site:  
2414 Murray S  
Edisto Beach, SC 29438

Owner/Agent:  
2414 Murray St  
Edisto Beach, SC 29438  
843-869-2505

Designer/Contractor:  
2414 Murray St  
Edisto Beach, SC 29438

## Compliance: Passes using UA trade-off

Compliance: **51.6% Better Than Code** Maximum UA: **796** Your UA: **385** Maximum SHGC: **0.30** Your SHGC: **0.22**

The % Better or Worse Than Code Index reflects how close to compliance the house is based on code trade-off rules.  
It DOES NOT provide an estimate of energy use or cost relative to a minimum-code home.

## Envelope Assemblies

Assembly	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	U-Factor	UA
my Ceiling: Flat Ceiling or Scissor Truss	4,500	41.0	30.0	0.015	67
mySkylight: Metal Frame SHGC: 0.22	20			0.500	10
Wall 1: Wood Frame, 16" o.c.	1,200	21.0	5.0	0.043	49
Door 2: Glass Door (over 50% glazing) SHGC: 0.22	32			0.700	22
Window 4: Vinyl Frame SHGC: 0.22	6			0.650	4
Window: Vinyl Frame SHGC: 0.22	6			0.650	4
Window 4: Vinyl Frame SHGC: 0.22	6			0.650	4
Wall 2: Wood Frame, 16" o.c.	1,200	21.0	5.0	0.043	50
Window 1: Vinyl Frame SHGC: 0.22	16			0.250	4
Window 2: Vinyl Frame SHGC: 0.22	16			0.250	4
Window 3: Vinyl Frame SHGC: 0.22	16			0.250	4
Wall 3: Wood Frame, 16" o.c.	1,200	21.0	5.0	0.043	51
Window 3: Vinyl Frame SHGC: 0.22	16			0.250	4
Wall 4: Wood Frame, 16" o.c.	1,200	21.0	5.0	0.043	51

Project Title: A Sample Project  
Data filename:

Report date: 01/09/20  
Page 1 of 9

Assembly	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	U-Factor	UA
Window 4: Vinyl Frame SHGC: 0.22	16			0.250	4
Floor 1: All-Wood Joist/Truss	3,800	35.0	35.0	0.014	53

*Compliance Statement:* The proposed building design described here is consistent with the building plans, specifications, and other calculations submitted with the permit application. The proposed building has been designed to meet the 2009 IECC requirements in REScheck Version : REScheck-Web and to comply with the mandatory requirements listed in the REScheck Inspection Checklist.

\_\_\_\_\_  
Name - Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date






# Inspection Checklist



Energy Code: 2009 IECC

Requirements: 100.0% were addressed directly in the REScheck software

Text in the "Comments/Assumptions" column is provided by the user in the REScheck Requirements screen. For each requirement, the user certifies that a code requirement will be met and how that is documented, or that an exception is being claimed. Where compliance is itemized in a separate table, a reference to that table is provided.













Section # & Req.ID	Pre-Inspection/Plan Review	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
103.2 [PR1] <sup>1</sup> 	Construction drawings and documentation demonstrate energy code compliance for the building envelope.			<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	Requirement will be met. <b>Location on plans/spec:</b> Type something here
103.2, 403.7 [PR3] <sup>1</sup> 	Construction drawings and documentation demonstrate energy code compliance for lighting and mechanical systems. Systems serving multiple dwelling units must demonstrate compliance with the commercial code.			<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	Requirement will be met. <b>Location on plans/spec:</b> Type something here
403.6 [PR2] <sup>2</sup> 	Heating and cooling equipment is sized per ACCA Manual S based on loads per ACCA Manual J or other approved methods.	Heating: Btu/hr____ Cooling: Btu/hr____	Heating: Btu/hr____ Cooling: Btu/hr____	<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	Requirement will be met. <b>Location on plans/spec:</b> Type something here

**Additional Comments/Assumptions:**



Section # & Req.ID	Foundation Inspection	Complies?	Comments/Assumptions
303.2.1 [FO11] <sup>2</sup> 	A protective covering is installed to protect exposed exterior insulation and extends a minimum of 6 in. below grade.	<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	<b>Exception:</b> Requirement is not applicable. <b>Location on plans/spec:</b> Type something here
403.8 [FO12] <sup>2</sup> 	Snow- and ice-melting system controls installed.	<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	<b>Exception:</b> Requirement is not applicable. <b>Location on plans/spec:</b> Type something here

**Additional Comments/Assumptions:**








Section # & Req.ID	Framing / Rough-In Inspection	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
402.1.1, 402.3.1, 402.3.3, 402.5 [FR2] <sup>1</sup> 	Glazing U-factor (area-weighted average).	U-____	U-____	<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	See the Envelope Assemblies table for values.
402.1.1, 402.3.2, 402.3.3, 402.5 [FR3] <sup>1</sup> 	Glazing SHGC value (area-weighted average).	SHGC:____	SHGC:____	<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	See the Envelope Assemblies table for values.
303.1.3 [FR4] <sup>1</sup> 	U-factors of fenestration products are determined in accordance with the NFRC test procedure or taken from the default table.			<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	Requirement will be met. <b>Location on plans/spec:</b> Type something here
402.1.1, 402.3.3, 402.5 [FR5] <sup>1</sup> 	Skylight U-factor.	U-____	U-____	<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	See the Envelope Assemblies table for values.
402.1.1, 402.3.3, 402.5 [FR6] <sup>1</sup> 	Skylight SHGC value.	SHGC:____	SHGC:____	<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	See the Envelope Assemblies table for values.
303.1.3 [FR7] <sup>1</sup> 	Skylight SHGC values are determined in accordance with the NFRC test procedure or taken from the default table.			<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	Requirement will be met. <b>Location on plans/spec:</b> Type something here
402.4.4 [FR20] <sup>1</sup> 	Fenestration that is not site built is listed and labeled as meeting AAMA/WDMA/CSA 101/I.S.2/A440 or has infiltration rates per NFRC 400 that do not exceed code limits.			<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	Requirement will be met.
402.4.5 [FR16] <sup>2</sup> 	IC-rated recessed lighting fixtures sealed at housing/interior finish and labeled to indicate ≤2.0 cfm leakage at 75 Pa.			<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	<b>Exception:</b> Requirement is not applicable. <b>Location on plans/spec:</b> Type something here
403.2.1 [FR12] <sup>1</sup> 	Supply ducts in attics are insulated to ≥R-8. All other ducts in unconditioned spaces or outside the building envelope are insulated to ≥R-6.	R-____ R-____	R-____ R-____	<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	<b>Exception:</b> Ducts located completely inside the building envelope. <b>Location on plans/spec:</b> Type something here
403.2.2 [FR13] <sup>1</sup> 	All joints and seams of air ducts, air handlers, filter boxes, and building cavities used as return ducts are sealed.			<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	Requirement will be met. <b>Location on plans/spec:</b> Type something here
403.2.3 [FR15] <sup>3</sup> 	Building cavities are not used for supply ducts.			<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	Requirement will be met. <b>Location on plans/spec:</b> Type something here
403.3 [FR17] <sup>2</sup> 	HVAC piping conveying fluids above 105 °F or chilled fluids below 55 °F are insulated to ≥R-3.	R-____	R-____	<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	Requirement will be met. <b>Location on plans/spec:</b> Type something here

☐ 1 High Impact (Tier 1)
 ☐ 2 Medium Impact (Tier 2)
 ☐ 3 Low Impact (Tier 3)

Section # & Req.ID	Framing / Rough-In Inspection	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
403.4 [FR18] <sup>2</sup> 	Circulating service hot water pipes are insulated to R-2.	R- _____	R- _____	<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	Requirement will be met. <b>Location on plans/spec:</b> Type something here
403.5 [FR19] <sup>2</sup> 	Automatic or gravity dampers are installed on all outdoor air intakes and exhausts.			<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	Requirement will be met. <b>Location on plans/spec:</b> Type something here

**Additional Comments/Assumptions:**

Section # & Req.ID	Insulation Inspection	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
303.1 [IN13] <sup>2</sup> 	All installed insulation is labeled or the installed R-values provided.			<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	Requirement will be met.
402.1.1, 402.2.5, 402.2.6 [IN1] <sup>1</sup> 	Floor insulation R-value.	R-____ <input type="checkbox"/> Wood <input type="checkbox"/> Steel	R-____ <input type="checkbox"/> Wood <input type="checkbox"/> Steel	<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	See the Envelope Assemblies table for values.
303.2, 402.2.6 [IN2] <sup>1</sup> 	Floor insulation installed per manufacturer's instructions, and in substantial contact with the underside of the subfloor.			<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	Requirement will be met.  <b>Location on plans/spec:</b> Type something here
402.1.1, 402.2.4, 402.2.5 [IN3] <sup>1</sup> 	Wall insulation R-value. If this is a mass wall with at least ½ of the wall insulation on the wall exterior, the exterior insulation requirement applies.	R-____ <input type="checkbox"/> Wood <input type="checkbox"/> Mass <input type="checkbox"/> Steel	R-____ <input type="checkbox"/> Wood <input type="checkbox"/> Mass <input type="checkbox"/> Steel	<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	See the Envelope Assemblies table for values.
303.2 [IN4] <sup>1</sup> 	Wall insulation is installed per manufacturer's instructions.			<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	Requirement will be met.  <b>Location on plans/spec:</b> Type something here

**Additional Comments/Assumptions:**



Section # & Req.ID	Final Inspection Provisions	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
402.1.1, 402.2.1, 402.2.2 [FI1] <sup>1</sup>	Ceiling insulation R-value. Where > R-30 is required, R-30 can be used if insulation is not compressed at eaves. R-30 may be used for 500 ft <sup>2</sup> or 20% (whichever is less) where sufficient space is not available.	R-____ <input type="checkbox"/> Wood <input type="checkbox"/> Steel	R-____ <input type="checkbox"/> Wood <input type="checkbox"/> Steel	<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	See the Envelope Assemblies table for values.
303.1.1.1, 303.2 [FI2] <sup>1</sup>	Ceiling insulation installed per manufacturer's instructions. Blown insulation marked every 300 ft <sup>2</sup> .			<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	Requirement will be met. <b>Location on plans/spec:</b> Type something here
402.2.3 [FI3] <sup>1</sup>	Attic access hatch and door insulation ≥ R-value of the adjacent assembly.	R-____	R-____	<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	Requirement will be met. <b>Location on plans/spec:</b> Type something here
402.4.2, 402.4.2.1 [FI17] <sup>1</sup>	Building envelope tightness verified by blower door test result of <7 ACH at 50 Pa. This requirement may instead be met via visual inspection, in which case verification may need to occur during Insulation Inspection.	ACH 50 = ____	ACH 50 = ____	<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	Requirement will be met. <b>Location on plans/spec:</b> Type something here
403.2.2 [FI4] <sup>1</sup>	Post construction duct tightness test result of ≤8 cfm to outdoors, or ≤12 cfm across systems. Or, rough-in test result of ≤6 cfm across systems or ≤4 cfm without air handler. Rough-in test verification may need to occur during Framing Inspection.	____ cfm	____ cfm	<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	<b>Exception:</b> All ducts and air handlers are located within conditioned space. <b>Location on plans/spec:</b> Type something here
403.1.1 [FI9] <sup>2</sup>	Programmable thermostats installed on forced air furnaces.			<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	Requirement will be met. <b>Location on plans/spec:</b> Type something here
403.1.2 [FI10] <sup>2</sup>	Heat pump thermostat installed on heat pumps.			<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	Requirement will be met. <b>Location on plans/spec:</b> Type something here
403.4 [FI11] <sup>2</sup>	Circulating service hot water systems have automatic or accessible manual controls.			<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	<b>Exception:</b> Requirement is not applicable. <b>Location on plans/spec:</b> Type something here
404.1 [FI6] <sup>1</sup>	50% of lamps in permanent fixtures are high efficacy lamps.			<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	Requirement will be met. <b>Location on plans/spec:</b> Type something here
401.3 [FI7] <sup>2</sup>	Compliance certificate posted.			<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	Requirement will be met.
303.3 [FI18] <sup>3</sup>	Manufacturer manuals for mechanical and water heating equipment have been provided.			<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	Requirement will be met.

**Additional Comments/Assumptions:**

1 High Impact (Tier 1)    2 Medium Impact (Tier 2)    3 Low Impact (Tier 3)



1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)
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# 2009 IECC Energy Efficiency Certificate

Insulation Rating	R-Value
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Above-Grade Wall	26.00
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Below-Grade Wall	0.00
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Floor	70.00
-------	-------

Ceiling / Roof	71.00
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Ductwork (unconditioned spaces):	_____
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Glass & Door Rating	U-Factor	SHGC
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Window	0.25	0.22
--------	------	------

Door	0.70	0.22
------	------	------

Skylight	0.50	0.22
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Heating & Cooling Equipment	Efficiency
-----------------------------	------------

Heating System: _____	_____
-----------------------	-------

Cooling System: _____	_____
-----------------------	-------

Water Heater: _____	_____
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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Comments

Reserve for Registrar of Deeds

**Town of Edisto Beach**  
**Affidavit of Non-Conversion Statement**  
**OWNERS ACKNOWLEDGEMENT**



**UNDER THE TOWN OF EDISTO BEACH MUNICIPAL ORDINANCE SECTION 14-71**  
I am the property owner of the property described on the attached. I acknowledge that an application has been made to construct or modify a structure in a Special Flood Hazard Zone.

*(NOTE: You must attach a self addressed/stamped envelope and a check for \$10.00 to the Colleton County Register of Deeds and mail to PO Box 157, Walterboro, SC 29488)*

Street Address: \_\_\_\_\_

TMS #: \_\_\_\_\_ Lot # \_\_\_\_\_ Block # \_\_\_\_\_

Whereas, the permitted building has the lowest floor elevated above the base flood elevation plus three (3) feet and the design and construction of the building meets current building code and flood damage prevention ordinance requirements, and

Whereas, as a condition of a Certificate of Occupancy, the owner must agree to not alter the building at a later date so as to violate the building code or flood damage prevention ordinance requirements,

Now, therefore, the undersigned owner of said property hereby agrees to the following:

1. That the enclosed area below the lowest floor shall be used solely for parking of vehicles, limited storage, or access to the building and will never be used for human habitation without first becoming fully compliant with the flood damage prevention ordinance in effect at the time of conversion.
2. That all interior walls, ceilings, and floors below the base flood elevation plus three (3) feet shall be unfinished or constructed of flood-resistant materials.
3. That mechanical, electrical, or plumbing devices shall not be installed below the base flood elevation plus three (3) feet.
4. That, in A and V zones the openings in the walls of the enclosed areas below the lowest floor, shall not be blocked, obstructed, or otherwise altered to reduce the size of the openings or restrict the automatic entry and exit of floodwater. The openings in A and V zones will be on two different walls with at least one square inch of free area for every square foot of enclosed space and the bottom of the openings shall be no more than one foot above grade. Walls in V zones shall also be certified breakaway.
5. That any variation in construction beyond what is permitted shall constitute a violation of this agreement and Section 71 of Ordinance 14.
6. That the owner and subsequent owners agree to allow a representative of the Town of Edisto Beach in the premises to verify compliance with this agreement at least once each year. The Town representative will provide at least 48 hours' notice of such visit.
7. That this Agreement shall run with the property and be binding on successor owners and shall be recorded with the Register of Deeds so that subsequent owners are made aware of these restrictions.

\_\_\_\_\_  
Date                      Signature of Owner

\_\_\_\_\_  
Date                      Witness 1

\_\_\_\_\_  
Print Owner's name as it appears on Deed

\_\_\_\_\_  
Date                      Witness 2

The foregoing instrument was acknowledged before me by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification and signed this document in my presence.                      Affix seal or stamp below

WITNESS my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
My Commission expires

## V-ZONE DESIGN CERTIFICATE

PRE-CONSTRUCTION \_\_\_\_\_

AS-BUILT \_\_\_\_\_

Name of Property Owner \_\_\_\_\_ Permit Number \_\_\_\_\_

Building Address \_\_\_\_\_ TMS # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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### Flood Insurance Rate Map (FIRM) Information

Community Number \_\_\_\_\_ Panel Number \_\_\_\_\_ Suffix \_\_\_\_\_

Date of FIRM Index \_\_\_\_\_

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### Elevation Information

1. Base Flood Elevation (BFE) \_\_\_\_\_ feet (NGVD)
2. Bottom of Lowest Horizontal Structural Member \_\_\_\_\_ feet (NGVD)
3. Elevation of Lowest Adjacent Grade \_\_\_\_\_ feet (NGVD)
4. Approximate Depth of Anticipated Scour/Erosion used for Foundation Design \_\_\_\_\_ feet.
5. Embedment Depth of Pilings/Columns/Footing Below Lowest Adjacent Grade \_\_\_\_\_ feet.
6. Datum Used: NGVD 29 \_\_\_\_\_ NAVD 88 \_\_\_\_\_ Other \_\_\_\_\_

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### V-Zone Certification Statement

NOTE: Certificate must be signed and sealed by a registered professional engineer or architect. A signed/sealed copy of this statement must also appear on the approved construction plans.

I certify that I have developed or reviewed the structural design, plans and specifications for construction. The design and methods of construction to be used are in accordance with accepted standards of practice for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest floor (excluding piles and columns) is elevated to or above the BFE; and
- The pile or column foundation and structure attached thereto is anchored to resist flotation, collapse, and lateral movement due to the combined effects of wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood. Wind loading values used are those required by the applicable state or local building code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

For "As Built" certifications, I am certifying that the construction has been done in accordance with the design parameters indicated above.

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### Certification

Certifier's Name \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_ Registration Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

SEAL:



## V-ZONE BREAKAWAY WALL DESIGN CERTIFICATE

PRE-CONSTRUCTION \_\_\_\_\_

AS-BUILT \_\_\_\_\_

Name of Property Owner \_\_\_\_\_ Permit Number \_\_\_\_\_

Building Address \_\_\_\_\_ TMS # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Flood Insurance Rate Map (FIRM) Information

Community Number \_\_\_\_\_ Panel Number \_\_\_\_\_ Suffix \_\_\_\_\_

Date of FIRM Index \_\_\_\_\_

### Elevation Information

1. Base Flood Elevation (BFE) \_\_\_\_\_ feet (NGVD)
2. Bottom of Lowest Horizontal Structural Member \_\_\_\_\_ feet (NGVD)
3. Elevation of Lowest Adjacent Grade \_\_\_\_\_ feet (NGVD)
4. Datum Used: NGVD 29 \_\_\_\_\_ NAVD 88 \_\_\_\_\_ Other \_\_\_\_\_

### Breakaway Wall Certification Statement

NOTE: Certificate must be signed and sealed by a registered professional engineer or architect. A signed/sealed copy of this statement must also appear on the approved construction plans detailing breakaway wall construction.

I certify that I have developed or reviewed the structural design, plans and specifications for construction of breakaway walls. The design and methods of construction to be used for the breakaway walls are in accordance with accepted standards of practice for meeting the following provisions:

- Breakaway walls have a design safe loading resistance of not less than 10 and no more than \_\_\_\_\_ pounds per square foot.
- Breakaway walls' collapse shall result from a water load no less than that which would occur during the base flood; and
- The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the combined effects of wind and water loads acting simultaneously on all building components, structural and non-structural. Wind loading values used shall be those required by applicable state or local building standards. Water loading values shall be those associated with the base flood. Such enclosed space shall be useable solely for parking of vehicles, building access or limited storage of maintenance items.

For "As Built" certifications, I am certifying that the construction has been done in accordance with the design parameters indicated above.

### Certification

Certifier's Name \_\_\_\_\_

Title \_\_\_\_\_

Company Name \_\_\_\_\_

Registration Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

SEAL:



**South Carolina Department of Health and Environmental Control  
Office of Ocean and Coastal Resource Management**

**Beachfront Notification Form**

The 1990 Beachfront Management Act requires that SCDHEC-OCRM be notified of and approve certain beachfront activities seaward of the forty-year setback line. The attached form should be used for this notification.

Activities requiring OCRM notification and approval include:

- 1.) Construction of new habitable structures at least partially seaward of the forty-year setback line
- 2.) Additions to habitable structures
- 3.) Renovation of habitable structures
- 4.) Replacement of habitable structures
- 5.) Construction of new pools landward of the baseline and landward of an erosion control device that existed June 25, 1990.
- 6.) Replacement of pools

**IMPORTANT:**      **Read this page before attempting to complete this notification.**

1. Complete the attached application page.
2. The following additional information is also required.

For new habitable structures and additions:

- a.) The heated square footage of the habitable structure.
- b.) A plat showing footprint and cross section showing foundation of new structure as located on lot. The plat must also show all property lines, the OCRM baseline and 40-year setback line, all other setback lines, and any parking requirements that may be in effect. The structure must be located as far landward on the property as practicable as determined by the department.
- c.) For additions the plat must clearly differentiate between the original structure and additions.

For replacement habitable structures:

- a.) Heated square footage of original and replacement structure.
- b.) A plat showing footprint and cross section showing foundation of the structure as located on lot. The plat must also show all property lines, the OCRM baseline and 40-year setback line, all other setback lines, and any parking requirements that may be in effect. The structure must be located as far landward on the property as practicable as determined by the department
- c.) The linear footage along the coast of the original and the replacement structure.

For construction of new pools landward of an erosion control structure:

- a.) Plat showing footprint and cross section of the new pool and the location of the erosion control structure.

For replacement of destroyed pools:

- a.) Plat showing footprint and cross section of the original and the replacement pool.

**SCDHEC – OFFICE OF OCEAN AND COASTAL RESOURCE MANAGEMENT**

NAME & MAILING ADDRESS OF APPLICANT:

NAME & ADDRESS OF AUTHORIZED AGENT:

(If an agent is listed, all correspondence will be sent to the agent.)

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PHONE #: (BUS.) \_\_\_\_\_

PHONE #: (BUS.) \_\_\_\_\_

(HOME) \_\_\_\_\_

(HOME) \_\_\_\_\_

TAX MAP NUMBER: (Required on all notification forms) \_\_\_\_\_

DESCRIPTION OF WORK:

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LOCATION OF THE PROJECT (ADDRESS AND/OR DIRECTIONS TO THE SITE):

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WATERWAY: \_\_\_\_\_ CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

LIST OTHER PERMITS WHICH MAY BE REQUIRED FROM THE LOCAL GOVERNING BODY: \_\_\_\_\_

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WAS THERE A STRUCTURE ON THIS LOT ON July 1, 1988? \_\_\_\_ YES \_\_\_\_ NO

IF YES, DESCRIBE ITS DIMENSIONS: \_\_\_\_\_

HAS ANY PORTION OF THE ACTUAL PROJECT/ACTIVITY BEEN INITIATED OR COMPLETED?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF "YES", GIVE REASONS, MONTH AND YEAR ACTIVITY WAS COMPLETED. INDICATE EXISTING WORK ON DRAWINGS.

NOTIFICATION IS HEREBY GIVEN FOR THE ACTIVITIES DESCRIBED HEREIN. I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS NOTIFICATION, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE, AND ACCURATE. I FURTHER CERTIFY THAT I POSSESS THE AUTHORITY TO UNDERTAKE THE PROPOSED ACTIVITIES OR I AM ACTING AS THE DULY AUTHORIZED AGENT OF THE APPLICANT.

\_\_\_\_\_  
Signature of Agent (if listed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant (Required)

\_\_\_\_\_  
Date

**Please submit this request to:**

**Charleston Office:**      **SCDHEC-OCRM Attn: Tess Rodgers**  
1362 McMillan Ave., Suite 400  
Charleston, SC 29405

**Beaufort Office:**      **SCDHEC-OCRM Attn: Geordy Madlinger**  
104 Parker Drive  
Beaufort, SC 29906

**Myrtle Beach Office:**      **SCDHEC-OCRM Attn: Tanitra Marshall**  
927 Shine Ave.  
Myrtle Beach, SC 29577

OCRM use:      EFIS #: \_\_\_\_\_  
Date of Decision: \_\_\_\_\_

Date Received: \_\_\_\_\_  
Decision: \_\_\_\_ Approved or \_\_\_\_ Denied