



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"
- ____ Two (2) hard copy site plans, minimum paper size 24" by 36". The state seal is required. (Tree survey can be included.)
- ____ Tree Survey with foot-print of building (can be included in site plan)
- ____ SC DHEC septic permit or sewer letter from utilities department
- ____ Water service taps receipt
- ____ Scope of Work form
- ____ Property Owner Letter of Authorization or if applicable, Owner Builder Affidavit, which must be recorded with Register of Deeds
- ____ Non-Conversion Affidavit, which must be recorded with Register of Deeds
- ____ Completed subcontractors list
- ____ Pre-Construction elevation certificate; **An Under-Construction Elevation Certificate will be required before any rough-in inspection may be requested.**
- ____ Completed Manual J form and Manual D with duct layout
- ____ Completed energy form, RES check

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:

APPLICANT

DATE

REVIEWER COMMENTS:

REVIEWER

DATE

PERMIT#

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Property Owner Letter of Authorization

Date: _____

I, _____ authorize _____
Print-Property Owner Person Obtaining Permit

to obtain a building permit in my name **(and for which I will be responsible)** from Town of Edisto Beach Building Department for:

Type of Work

for the property located at:

_____ will be responsible for the work listed.
Contractor Name

I will be responsible for compliance with the permit.

Property Owner Signature

Date

Telephone Number

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
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

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			

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

Contractors Name	Address	Telephone #	Contract Value
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 – 2018 International Mechanical Code, ICC – 2018 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) 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](#)



Town of Edisto Beach

Building Permit
Insulation Certificate

2414 Murray St
Edisto Beach, SC 29438
843-869-2505
building@townofedistobeach.com

Insulation Certification
Permit Number:
Location of Job Site:
Contractor Name:
South Carolina License Number:
Address:
Phone:

Insulation Information	
<u>Insulation Values and Types</u>	<u>Foam Depth</u>
Wall Value R- <input type="checkbox"/> Batt <input type="checkbox"/> Blown <input type="checkbox"/> Open Cell Foam <input type="checkbox"/> Closed Cell Foam	
Ceiling Value R- <input type="checkbox"/> Batt <input type="checkbox"/> Blown <input type="checkbox"/> Open Cell Foam <input type="checkbox"/> Closed Cell Foam	
Floor Value R- <input type="checkbox"/> Batt <input type="checkbox"/> Blown <input type="checkbox"/> Open Cell Foam <input type="checkbox"/> Closed Cell Foam	

Manufacture: _____

Product: _____

Barrier Type Used

☐ Thermal Barrier (Storage) ☐ Ignition Barrier (Equipment Only)

Manufacture: _____

Product: _____

Certification
The Contractor hereby certifies the above referenced Insulation Certification is in accordance with the specification established by the South Carolina Residential Code, Professional Designer's specifications, and the

Print Name	Signaturer of Contractor/Authorized Agent	Date
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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**
Orientation: **Bldg. faces 180 deg. from North**
Conditioned Floor Area: **3,000 ft2**
Glazing Area: **2%**
Climate Zone: **3 (2229 HDD)**
Permit Date:
Permit Number:

Construction Site:
2414 Murray St
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: Invalid SHGC(s)

Envelope Assemblies

Assembly	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	U-Factor	UA
my Ceiling: Flat Ceiling or Scissor Truss	3,000	41.0	0.0	0.029	86
mySkylight: Metal Frame SHGC: 0.00	20			0.500	10
Wall 1: Wood Frame, 24" o.c. Orientation: Front	1,200	21.0	5.0	0.042	49
Door 1: Solid Door (under 50% glazing) Orientation: Front	32			0.700	22
Wall 2: Wood Frame, 24" o.c. Orientation: Front	1,200	21.0	5.0	0.042	48
Window 1: Metal Frame SHGC: 0.00 Orientation: Front	16			0.250	4
Window 2: Metal Frame SHGC: 0.00 Orientation: Front	16			0.250	4
Window 3: Metal Frame SHGC: 0.00 Orientation: Front	16			0.250	4
Wall 3: Wood Frame, 24" o.c. Orientation: Front	1,200	21.0	5.0	0.042	50
Window 3: Metal Frame SHGC: 0.00 Orientation: Front	16			0.250	4
	1,200	21.0	5.0	0.042	50

Assembly	Gross Area or Perimeter	Cavity R-Value	Cont. R-Value	U-Factor	UA
Window 4: Metal Frame SHGC: 0.00 Orientation: Front	16			0.250	4
Floor 1: All-Wood Joist/Truss	3,000	35.0	0.0	0.028	84
Basement: Solid Concrete or Masonry Orientation: Unspecified Wall height: 8.0' Depth below grade: 7.0' Insulation depth: 7.0'	1,000	0.0	15.0	0.050	50






Inspection Checklist






Energy Code: 2009 IECC

Requirements: 0.0% 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] ¹ 	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	
103.2, 403.7 [PR3] ¹ 	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	
403.6 [PR2] ² 	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	




Additional Comments/Assumptions:

Section # & Req.ID	Foundation Inspection	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
402.1.1 [FO4] ¹ 	Conditioned basement wall insulation R-value. Where interior insulation is used, verification may need to occur during Insulation Inspection. Not required in warm-humid locations in Climate Zone 3.	R- _____	R- _____	<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 [FO5] ¹ 	Conditioned basement wall insulation installed per manufacturer's instructions.			<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	
402.2.7 [FO6] ¹ 	Conditioned basement wall insulation depth of burial or distance from top of wall.	_____ ft	_____ ft	<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.
303.2.1 [FO11] ² 	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	
403.8 [FO12] ² 	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	

Additional Comments/Assumptions:






Section # & Req.ID	Framing / Rough-In Inspection	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
402.1.1, 402.3.4 [FR1] ¹ 	Door 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, 402.3.1, 402.3.3, 402.5 [FR2] ¹ 	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] ¹ 	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] ¹ 	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	
402.1.1, 402.3.3, 402.5 [FR5] ¹ 	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] ¹ 	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] ¹ 	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	
402.4.4 [FR20] ¹ 	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	
402.4.5 [FR16] ² 	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	
403.2.1 [FR12] ¹ 	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	
403.2.2 [FR13] ¹ 	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	
403.2.3 [FR15] ³ 	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	

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
403.3 [FR17] ² 	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	
403.4 [FR18] ² 	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	
403.5 [FR19] ² 	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	

Additional Comments/Assumptions:

1	High Impact (Tier 1)	2	Medium Impact (Tier 2)	3	Low Impact (Tier 3)
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Section # & Req.ID	Insulation Inspection	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
303.1 [IN13] ² 	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	
402.1.1, 402.2.5, 402.2.6 [IN1] ¹ 	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] ¹ 	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	
402.1.1, 402.2.4, 402.2.5 [IN3] ¹ 	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] ¹ 	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	

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] ¹ 	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 ² 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] ¹ 	Ceiling insulation installed per manufacturer's instructions. Blown insulation marked every 300 ft ² .			<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	
402.2.3 [FI3] ¹ 	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	
402.4.2, 402.4.2.1 [FI17] ¹ 	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	
402.4.3 [FI8] ² 	Wood-burning fireplaces have gasketed doors and outdoor combustion air.			<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	
403.2.2 [FI4] ¹ 	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	
403.1.1 [FI9] ² 	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	
403.1.2 [FI10] ² 	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	
403.4 [FI11] ² 	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	
404.1 [FI6] ¹ 	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	
401.3 [FI7] ² 	Compliance certificate posted.			<input type="checkbox"/> Complies <input type="checkbox"/> Does Not <input type="checkbox"/> Not Observable <input type="checkbox"/> Not Applicable	

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

Section # & Req.ID	Final Inspection Provisions	Plans Verified Value	Field Verified Value	Complies?	Comments/Assumptions
303.3 [FI18] ³ 	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	

Additional Comments/Assumptions:



2009 IECC Energy Efficiency Certificate

Insulation Rating	R-Value
-------------------	---------

Above-Grade Wall	26.00
Below-Grade Wall	15.00
Floor	35.00
Ceiling / Roof	41.00
Ductwork (unconditioned spaces):	_____

Glass & Door Rating	U-Factor	SHGC
---------------------	----------	------

Window	0.25	
Door	0.70	
Skylight	0.50	

Heating & Cooling Equipment	Efficiency
-----------------------------	------------

Heating System: _____	_____
Cooling System: _____	_____
Water Heater: _____	_____

Name: _____ Date: _____

Comments

V-ZONE 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. 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 _____

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.

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 and 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.)

PHONE #: (BUS.)_____

PHONE #: (BUS.)_____

(HOME)_____

(HOME)_____

TAX MAP NUMBER: (Required on all notification forms)_____

DESCRIPTION OF WORK:

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

WATERWAY:_____ CITY:_____ COUNTY:_____

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

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