

**BEAUFORT COUNTY PLANNING DIVISION  
DESIGN REVIEW BOARD (DRB)  
APPLICATION FORM**

Please TYPE or PRINT legibly

**Date of Submittal** \_\_\_\_\_ **for DRB Meeting Date** \_\_\_\_\_

**Project Name** \_\_\_\_\_

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

**Property Zoning** \_\_\_\_\_

**Tax Map/Parcel No.** \_\_\_\_\_

**Project Architect** \_\_\_\_\_

**Phone/Email\*** \_\_\_\_\_

**Project Land. Arch.** \_\_\_\_\_

**Phone/Email\*** \_\_\_\_\_

**Project Engineer** \_\_\_\_\_

**Phone/Email\*** \_\_\_\_\_

**Project Developer** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone/Email\*** \_\_\_\_\_

\* Email addresses required. If no email address is available, list fax number.

---

**Project Submittal Category:**

- Conceptual
- Final
- Conceptual - Architecture
- Other \_\_\_\_\_

To the best of my knowledge, the information on this application and all additional documentation is true, factual and complete. I hereby agree to abide by all conditions of any approvals granted by the Design Review Board. I understand that such conditions shall apply to the subject property only and are a right or obligation transferable by sale.

\_\_\_\_\_  
Developer or Acting Representative's Signature

\_\_\_\_\_  
Date

This form must be submitted with every application. Signature is required only on conceptual application.

Click on the attached link for the Fee Schedule.

<https://beaufortcountysc.gov/planning/documents/Revised-Fees---Final-Approved-by-County-Council.pdf>

Make checks payable to Beaufort County.

Call County Design Review Board Administrator at (843) 255-2140, if you have any questions.