



**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.) _____
(HOME) _____

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(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