



Town of Hilton Head Island
 Community Development Department
 One Town Center Court
 Hilton Head Island, SC 29928
 Phone: 843-341-4757 Fax: 843-842-8908
www.hiltonheadislandsc.gov

FOR OFFICIAL USE ONLY
 Date Received: _____
 Accepted by: _____

Applicant/Agent Name: _____ Company: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____ E-mail: _____
 Property Owner Name if different from Applicant/Agent: _____

Project Name: _____ Project Address: _____
 Parcel Number [PIN]: R _____
 Zoning District: _____ Overlay District(s): _____

NATURAL RESOURCE REQUEST

TREES	BUFFERS	BEACHFRONT	MISCELLANEOUS
<input type="checkbox"/> Removal	<input type="checkbox"/> Adjacent Use	<input type="checkbox"/> View Corridors	<input type="checkbox"/> Docks/Bulkheads
<input type="checkbox"/> Trimming/Pruning	<input type="checkbox"/> Street	<input type="checkbox"/> Vegetation Trimming	<input type="checkbox"/> Utilities
<input type="checkbox"/> Emergency/Hazard	<input type="checkbox"/> Wetland	<input type="checkbox"/> OCRM Permitting	<input type="checkbox"/> SW Maintenance
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Dune Re-vegetation	<input type="checkbox"/> Other

Provide narrative/description of project _____

TREE REMOVAL INFORMATION

Tree location on site _____

Size (DBH) _____ Species _____

Reason for Removal _____

Proposed Mitigation(replacement) _____

Photos are highly suggested to be attached to expedite the approval process.

Are there recorded private covenants and/or restrictions that are contrary to, conflict with, or prohibit the proposed request? If yes, a copy of the private covenants and/or restrictions must be submitted with this application. YES NO

Owner grants the Town, its employees, agents, engineers, contractors or other representatives the right to enter upon Owner's real property for the purpose of application review and inspections, for the limited time necessary to complete that purpose.

To the best of my knowledge, the information on this application and all additional documentation is true, factual, and complete and authorized by the property owner(s). I hereby agree to abide by all conditions of any approvals granted by the Town of Hilton Head Island. I understand that such conditions shall apply to the subject property only and are a right or obligation transferable by sale.

SIGNATURE

DATE

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