



# 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](http://www.hiltonheadislandsc.gov)

**FOR OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_  
 Accepted by: \_\_\_\_\_  
 App. #: \_\_\_\_\_

Business Name on Sign: \_\_\_\_\_ Address of Sign: \_\_\_\_\_

Business License #: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Phone #: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_ Email: \_\_\_\_\_

Parcel Number [PIN]: R \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Owner Business License #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Designer/Agent Name: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business License #: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Phone #: \_\_\_\_\_

Installer (if different than Designer/Agent): \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business License #: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Phone #: \_\_\_\_\_

### SIGN SUBMITTAL REQUIREMENTS

See Sign Review Checklists for the application and design requirements for each type of sign below.

The proposed sign(s) is: \_\_\_\_\_ New or \_\_\_\_\_ An alteration to an existing sign

Type of Sign	Number of Signs	Number of Sign Faces
Freestanding		
Façade		
Hanging		
Tenant Panel on a Freestanding Sign		
Construction or Project Sign		
Temporary Sign for a Permanent Sign		
Real Estate Sign Larger than 4 Sq. Ft.		
Real Estate Sign 4 Sq. Ft. or Smaller		
Residential Short-Term Rental Sign		
<b>Totals</b>		

Application Fee: \$25 filing fee + \$25 for each sign face. Cash, Credit Card, or Check accepted.

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

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 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.

I further understand that in the event of a State of Emergency due to a Disaster, the review and approval times set forth in the Land Management Ordinance may be suspended.

\_\_\_\_\_  
 APPLICANT NAME (PRINT)

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE