

COMMUNITY DEVELOPMENT DEPARTMENT  
**SINGLE FAMILY RESIDENTIAL**  
**BUILD BACK WHAT EXISTED PRIOR TO DISASTER**  
**EMERGENCY PERMIT APPLICATION FORM**  
TOWN OF HILTON HEAD ISLAND

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Please TYPE or PRINT legibly

NAME OF DEVELOPMENT \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

ZONING DISTRICT \_\_\_\_\_ OVERLAY DISTRICT \_\_\_\_\_

TAX DISTRICT \_\_\_\_\_ MAP \_\_\_\_\_ PARCEL (S) \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX# \_\_\_\_\_

**APPLICATION REQUIREMENTS:**

- COMPLETED & SIGNED APPLICATION FORM
- 2 COPIES OF TOWN OR COUNTY APPROVED SITE PLAN OR AS-BUILT SURVEY
- 2 COPIES OF TOWN OR COUNTY APPROVED ELEVATION DRAWINGS OR (IF APPLICABLE) PICTOMETRY DIAGRAM FROM TOWN OR PHOTOS OF HOUSE AND YARD AREAS
- IF LOCATED WITHIN A NEIGHBORHOOD CHARACTER OVERLAY DISTRICT:*  
2 COPIES OF A FLOOR PLAN OR AN AFFIDAVIT FROM OWNER OF RECORD CONFIRMING SQUARE FOOTAGE PRIOR TO DISASTER

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.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**FOR OFFICIAL USE ONLY**

DATE RECEIVED: \_\_\_\_\_

TIME: \_\_\_\_\_

ACCEPTED BY: \_\_\_\_\_

MASTER TRACKING NUMBER: \_\_\_\_\_