

COMMUNITY DEVELOPMENT DEPARTMENT
SINGLE FAMILY RESIDENTIAL
BUILD BACK TO CURRENT REGULATIONS
EMERGENCY PERMIT APPLICATION FORM
TOWN OF HILTON HEAD ISLAND

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 A SITE PLAN AT 1"=30' SCALE
- 2 COPIES OF AN AFFIDAVIT FROM OWNER OF RECORD STATING COMPLIANCE WITH HEIGHT REGULATIONS
- IF LOCATED WITHIN A NEIGHBORHOOD CHARACTER OVERLAY DISTRICT:*
2 COPIES OF A TOWN APPROVED FLOOR PLAN OR AN AFFIDAVIT FROM OWNER OR 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: _____