

TOWN OF HILTON HEAD ISLAND
Emergency Permitting Affidavit

Parcel ID Number: R _____
Address of Property: _____ Building #: _____ Apt. #: _____
Name of Owner: _____ Phone #: _____
Address of Owner: _____
Name of Contractor: _____ Phone#: _____
Address of Contractor: _____
Contractor License#: _____ Type of License: _____
Hilton Head Island Business License#: _____

I hereby affirm that the repair described on the Emergency Master Application for the above listed property is the entire repair to be performed on the existing structure to build the structure back to what existed prior to the disaster. I further affirm that all repairs on the subject property will be completed in compliance with current building codes. I understand that any permit issued by this jurisdiction pursuant to this affidavit does not authorize the repair of any illegal construction on the subject property.

I hereby affirm that the repair described on the Emergency Master Application for the above listed property will either be in compliance with the current height regulations for the zoning district in which the property is located per the Land Management Ordinance (LMO) or the structure is being repaired to the height that legally existed prior to the disaster. If the property is located within a Neighborhood Character Overlay District, I further affirm that the repair will be in compliance with the current square footage regulations for the zoning district and overlay district in which the property is located per the LMO or the structure is being repaired to the square footage that legally existed prior to the disaster.

Signature of Contractor _____ **Date** _____
(If the owner is acting as the contractor, he must complete an Unlicensed Residential Builder Disclosure Statement as required by SC Code, Section 40-59-260)

State of _____	
County of _____	
Sworn and subscribed before me this _____ day of _____, 200__	
_____ Name (<i>Print</i>)	
_____ Signature of Notary	_____ Commission expires

Signature of Owner _____ **Date** _____

State of _____	
County of _____	
Sworn and subscribed before me this _____ day of _____, 200__	
_____ Name (<i>Print</i>)	
_____ Signature of Notary	_____ Commission expires