



Town of Hilton Head Island  
 Community Development Department  
 One Town Center Court  
 Hilton Head Island, SC 29928  
 Phone: 843-341-4757 Fax: 843-341-2087  
[www.hiltonheadislandsc.gov](http://www.hiltonheadislandsc.gov)

**FOR OFFICIAL USE ONLY**  
 Permit #: \_\_\_\_\_  
 Fee: \_\_\_\_\_

**APPLICATION PACKET FOR BUILDING PERMIT**

<input type="checkbox"/> Single Family Home	<input type="checkbox"/> Multifamily (Condo/Villa)	<input type="checkbox"/> Commercial Change Of Use: Yes <input type="checkbox"/> No <input type="checkbox"/>
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<input type="checkbox"/> New Structure	<input type="checkbox"/> Addition	<input type="checkbox"/> Accessory	<input type="checkbox"/> Renovation	<input type="checkbox"/> Pool/Spa/Water Feature	<input type="checkbox"/> Demolition
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Project Address: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Parcel Number [PIN]: R \_\_\_\_\_ Flood Zone: \_\_\_\_\_  
 Land Owner Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 Building # \_\_\_\_\_ Unit # \_\_\_\_\_ Number of Units: \_\_\_\_\_

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

Is the work that is to be completed to include the building & area of the site that will be disturbed over .5 acres or 21,780 sq. ft.? YES  NO

If this application is for demolition, do you plan to build after demolition is complete? If so, please note no land disturbance, grading or clearing (other than what is approved with the demolition permit) will be permitted without a building permit for the new construction. YES  NO

**Fees & Forms:** Please see [www.hiltonheadislandsc.gov](http://www.hiltonheadislandsc.gov) for Building Plan Review and Approval fees. The Town accepts cash or check made Payable to Town of Hilton Head Island. Credit cards are accepted as payment for some items.

**License Requirements:** Individuals and entities involved in the construction, repair or renovation of structures are required to comply with licensing requirements of the State of South Carolina and the Town. No contractor or sub-contractor shall begin work on a job without a business license. Both the contractor and the sub-contractor shall be subject to a suspension of his license in accordance with Section 10-1-150 of the Town of Hilton Head Island Code of Ordinances.

**Acknowledgement:** Application is hereby made to perform work on the building and accompanying features, and I am authorized to submit this application. To the best of my knowledge, the information included in this application is factual and complete. I hereby agree to abide by all conditions of any approvals granted by the Town and understand that such conditions shall apply to the subject property only. I acknowledge that the Town Municipal Code requires that all construction in a Special Flood Hazard Zone be constructed in accordance with floodplain provisions. I understand that failure to abide by this approval, any conditions, and all codes adopted by the Town of Hilton Head Island deems me subject to enforcement action and/or fines.

<b>Print Name:</b> _____	<b>Signature:</b> _____
<b>Company Name:</b> _____	<b>Date:</b> _____

<b>Building Owner:</b>		<b>Applicant:</b>	
Name:		Name:	
Address:		Address:	
Address:		Address:	
Phone:		Phone:	
Email:		Email:	
<b>Contractor:</b>		<b>Primary Contact:</b>	
Name:		Name:	
Address:		Address:	
Superintendent Phone:		Address:	
Contractor Phone:			
Phone:		Phone:	
Email:		Email:	
<b>Contractor State License/registration #:</b>			
<b>License Group:</b>			
<b>Town Business License #:</b>			
<b>Architect/Designer:</b>		<b>Engineer:</b>	
Name:		Name:	
Phone:		Phone:	
Email:		Email:	
State License #:		State License #:	
Town License #:		Town License #:	

**Detailed Description of Work:** IF YOU ARE REMODELING THE INTERIOR OR ADDING SQUARE FOOTAGE. PLEASE NOTE THAT YOU WILL UPDATE THE SMOKE AND CARBON MONOXIDE DETECTORS TO CURRENT CODE IF APPLICABLE.

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<b>VALUE OF CONSTRUCTION (includes materials, labor, profit)</b>		<b>Note: No deductions shall be made on the permit application by a general or independent contractor for value of work performed by a subcontractor.</b>
Plumbing	\$	
Electrical	\$	
Mechanical	\$	
Building	\$	
<b>TOTAL</b>	\$	

**For renovations or additions,** value of existing structure excluding land \$

**Flood Hazard Areas as per International Building Code 3403.1.1:**

In flood hazard areas, any addition/alteration/improvement to an existing building or structure in a flood hazard area must come into compliance with this code section if the value of construction equals or exceeds 50% of the appraised building value. The Town requests a more detailed construction cost estimate for substantial improvement determination.

Detailed cost estimates requested?  YES  NO

Please complete all sections below as applicable to your project.

BUILDING/LOT INFORMATION:			
Total Lot Size		Height measured from BFE	
Total Pervious (sq ft) for entire lot*		Maximum Height Allowed**	
Total Impervious (sq ft) for entire lot*		Number of Fireplaces	
Heated Sq. Ft. (new or added)		Type of Exterior Materials	
Unheated Sq. Ft. (new or added)		Fire Alarm System	<input type="checkbox"/> YES <input type="checkbox"/> NO
Number of Stories		Sprinklered	<input type="checkbox"/> YES <input type="checkbox"/> NO
Number of Bedrooms		Type of heating/air	
Number of Bathrooms		Gas appliances	
Total Residential Rooms		Size of Liquid Propane tank	
Number of Elevators		Septic Tank Number	
<b>AIR BARRIER TEST - if Yes, need prior to inspection being scheduled</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Blower Door Test — if Yes, need prior to CO OR FINAL inspection being scheduled</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Insulation (Prescriptive or Performance Base)	<input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance

\*Total pervious and impervious should add up to the total lot size

\*\* If the proposed height is within 10% of the maximum allowed, a height survey will be required once the framing is complete, prior to the rough-in inspection, showing the built height of the structure measured from the BFE.

POOL INFORMATION
Pool/Spa Sq. Ft.
Elevation of Pool Deck
*For pool and spa installations, please complete pervious/impervious lot information above

ROOF INFORMATION	
Material:	Wind Uplift:
Amount of Fasteners:	Years of Guarantee:
Type of Fasteners:	
Is the entire roof deck spray foamed insulated: <input type="checkbox"/> YES <input type="checkbox"/> NO	Underlayment in Compliance with Table R905.1.1(2) <input type="checkbox"/> YES <input type="checkbox"/> NO

Town of Hilton Head Island Municipal Code requires that all construction in a Special Flood Hazard Zone be constructed in accordance with the following provisions:

- Any enclosed area below the base flood elevation will be used solely for parking of vehicles, limited storage or access to the building. This space will never be used for human habitation without first becoming fully compliant with the Town's Flood Damage Controls Ordinance in effect at the time of conversion.
- All interior walls, ceilings and floors below the base flood elevation will be constructed of flood resistant materials.
- All mechanical, electrical and plumbing devices will be installed above base flood elevation.
- Walls of the enclosed area below base flood elevation will be equipped with at least two openings which allow automatic entry and exit of flood water. Openings will be on two different walls with at least one square inch of free area for every square foot of enclosed space and have the bottom of openings no more than a foot above grade.
- The structure may be subject to increased premium rates for flood insurance from the National Flood Insurance Program.

**WINDOW AND DOOR DP RATINGS PER 2021 INTERNATIONAL CODE**

*Note: This form is required for any construction that includes new or replacement windows or doors.*

LOCATION OF WORK TO BE PERFORMED:	PERMIT #: _____
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Enter number of windows and check the APPLICABLE boxes

<b>ZONE 5 = All windows/doors that are 4 Feet or closer to a corner</b> <b>ZONE 4 = All other windows or doors</b>	Design Pressure Values are Pounds/Sq Ft (PSF)
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**WIND ZONE - INLAND**

140 MPH (B & C EXPOSURE)

BASIC WIND ZONE

(MPH 3 SECOND GUST)

Mean Roof Height	<b>ZONE (4)</b>	# OF WINDOWS	# OF DOORS	# OF SKY LIGHTS	<b>ZONE (5)</b>	# OF WINDOWS	# OF DOORS	# OF SKY LIGHTS
<input type="checkbox"/> 15'	<input type="checkbox"/> DP 35				<input type="checkbox"/> DP 45			
<input type="checkbox"/> 20'	<input type="checkbox"/> DP 35				<input type="checkbox"/> DP 45			
<input type="checkbox"/> 25'	<input type="checkbox"/> DP 35				<input type="checkbox"/> DP 45			
<input type="checkbox"/> 30'	<input type="checkbox"/> DP 35				<input type="checkbox"/> DP 45			
<input type="checkbox"/> 35'	<input type="checkbox"/> DP 35				<input type="checkbox"/> DP 45			
<input type="checkbox"/> 40'	<input type="checkbox"/> DP 40				<input type="checkbox"/> DP 45			
<input type="checkbox"/> 45'	<input type="checkbox"/> DP 40				<input type="checkbox"/> DP 50			
<input type="checkbox"/> 50'	<input type="checkbox"/> DP 40				<input type="checkbox"/> DP 50			

**WIND ZONE - OCEANFRONT**

140 MPH (D EXPOSURE)

BASIC WIND SPEED

(MPH 3 SECOND GUST)

Mean Roof Height	<b>ZONE (4)</b>	# OF WINDOWS	# OF DOORS	# OF SKY LIGHTS	<b>ZONE (5)</b>	# OF WINDOWS	# OF DOORS	# OF SKY LIGHTS
<input type="checkbox"/> 15'	<input type="checkbox"/> DP 40				<input type="checkbox"/> DP 50			
<input type="checkbox"/> 20'	<input type="checkbox"/> DP 45				<input type="checkbox"/> DP 55			
<input type="checkbox"/> 25'	<input type="checkbox"/> DP 45				<input type="checkbox"/> DP 55			
<input type="checkbox"/> 30'	<input type="checkbox"/> DP 50				<input type="checkbox"/> DP 60			
<input type="checkbox"/> 35'	<input type="checkbox"/> DP 50				<input type="checkbox"/> DP 60			
<input type="checkbox"/> 40'	<input type="checkbox"/> DP 50				<input type="checkbox"/> DP 65			
<input type="checkbox"/> 45'	<input type="checkbox"/> DP 55				<input type="checkbox"/> DP 65			
<input type="checkbox"/> 50'	<input type="checkbox"/> DP 55				<input type="checkbox"/> DP 65			

**Type of Protection for Openings**

<input type="checkbox"/> High impact glass	
<input type="checkbox"/> Approved shutters	
Type of shutters/other	

**U Value:** \_\_\_\_\_

**Solar Heat Gain Co-efficient:** \_\_\_\_\_

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR SOUTH CAROLINA  
PRESCRIPTIVE PATH FOR COMPLIANCE WITH THE 2009 IECC**

WINDOWS AND INSULATION							FOUNDTION TYPE				
Package	Window U-Factor	Skylight U-Factor	Window and Skylight SHGC	Ceiling R-Value	Wood Frame Wall R-Value	Mass Wall R-Value	Floor R-Value	Basement Wall R-Value	Slab R-Value And Depth	Crawl Space Wall R-Value	
Climate Zone 3	0.50 0.65 if Impact resistant	0.65	0.30	R-30	R-13	R-5	R-19	R-0	R-0	R-5/13	

**NOTES:**

This table applies to new construction as well as additions, alterations and replacement windows and is based upon the envelope performance requirements for Climate Zone 3, Table 402.1 in the 2009 IECC, and does not reflect any state-specific amendments to the IECC. This table applies to residential buildings, as defined in the IECC, with wood framing and/or mass walls. For steel-framed buildings, refer to Section 402.24 of the IECC.

Window refers to any translucent or transparent material (i.e., glazing) in exterior openings of buildings, including skylights, sliding glass doors and glass block, along with the accompanying sashes, frames, etc.

Window and skylight U-factor and SHGC values are maximum acceptable levels. An area-weighted average of fenestration products shall be permitted to satisfy the U-Factor and SHGC requirements. Window U-Factor and SHGC must be determined from a National Fenestration Rating Council (NFRC) label on the product or from a limited table of product default values in the IECC. Up to 15 square feet of glazed fenestration is permitted to be exempt from the U-factor and SHGC requirements.

The code requires that window be labeled in a manner to determine that they meet the IECC’s air infiltration requirements; specifically, equal to or better than 0.30 cfm per square foot of window area (swinging doors below 0.50 cfm) as determined in accordance with the NFRC 400 or AAMA/WDMA/CSA 101/IS.2/A440 by an accredited, independent laboratory.

Opaque exterior doors must meet the window U-Factor requirements. One exempt door is allowed.

Insulation R-values are minimum acceptable levels; R-19 shall be permitted to be compressed into a 2x6 cavity. R-Values for walls represent the sum of cavity insulation plus insulated sheathing. If any.

If structural sheathing covers 25% or less of the exterior, insulated sheathing is not required where structural sheathing is used. If structural sheathing covers more than 25% of the exterior, structural sheathing shall be supplemented with insulated sheathing of at least R-2.

Supply and return ducts shall be insulated to a minimum of R-8. Ducts in floor trusses shall be insulated to a minimum of R-6.

**EXCEPTION:** Ducts or portions thereof located completely inside the thermal building envelope.

Where there are 2 different values for basement and crawl space insulation requirements, the first R-value shall only apply to unventilated crawl spaces; \$-5 shall be added to the required slab edge R-Values for heated slabs; and floors over outside air must meet ceiling requirements.

The Code requires the HVAC system to be properly sized using a procedure like ACCA Manual J.

**SERVICE LOAD CALCULATION**

General lighting and general purpose loads

Square footage X 3 VA \_\_\_\_\_ +

Small appliance and laundry circuits

Number X 1,500 VA \_\_\_\_\_ +

Nameplate rating of the following:

Ranges \_\_\_\_\_ +

Ovens \_\_\_\_\_ +

Cooking Units \_\_\_\_\_ +

Clothes Dryers (not connected to the laundry circuit) \_\_\_\_\_ +

Water heaters \_\_\_\_\_ +

Dishwasher \_\_\_\_\_ +

Disposal \_\_\_\_\_ +

Microwave \_\_\_\_\_ +

Gas Furnace \_\_\_\_\_ +

Other (pools, boat lifts, etc.) \_\_\_\_\_

Total \_\_\_\_\_

Apply demand factor

100% for the first 10,000 VA \_\_\_\_\_ +

40% for the remainder \_\_\_\_\_

Total \_\_\_\_\_

Cooling/Heating Loads

Gas furnace rating

Cooling equipment load

Use the larger of the two \_\_\_\_\_

Add to the total from the demand factor total \_\_\_\_\_



# Town of Hilton Head Island

Engineering Division  
One Town Center Court  
Hilton Head Island, SC 29928  
Phone: 843-341-4600 Fax: 843-842-8587  
[www.hiltonheadislandsc.gov](http://www.hiltonheadislandsc.gov)

<b>FOR OFFICIAL USE ONLY</b>	
Date Received:	_____
Accepted by:	_____
BLD Permit #	_____

## STORMWATER EROSION CONTROL AFFIDAVIT

Project Name: \_\_\_\_\_ Project Address: \_\_\_\_\_

Applicant/Agent Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

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

Proposed Area of Disturbance\* (acres): \_\_\_\_\_

Existing Impervious Area (sq. ft.): \_\_\_\_\_ Proposed Impervious Area (sq. ft.) \_\_\_\_\_

**My signature hereto signifies I am the owner and or contractor responsible for job site compliance as outlined in the Land Management Ordinance 16-5-109. - Stormwater Management and Erosion and Sedimentation Control Standards**

1. Installation and regular maintenance of silt fencing using DHEC Standard of trenching installation on all low/down slope side of the job site. Silt fence is to have an upslope return at each end no less than 5 ft; and
2. Installation and regular maintenance of stone construction entrance. Stone construction entrance shall consist of a 2 inch to 3 inch coarse aggregate stone. Construction entrance shall be a minimum of 6 inches in thickness, 15 foot wide and extend to the structure or a minimum of 20 feet in length; and
3. Removal of sediment from the street or adjacent property(ies) within (48 hrs) following such an occurrence; and
4. Conduct no land disturbing activity within 20 feet of a wetland, lagoon, beach, or other water body; and
5. Provide temporary vegetation and/or mulch on any exposed areas to provide an effective barrier from erosion within 14 days of inactivity; and
6. Install any other best management measures as deemed necessary by the Town of Hilton Head Island.
7. All construction site activities must adhere to the South Carolina Department of Health and Environmental Control (SCDHEC) General Permit SC001000.

I understand that if the disturbed area for any reason becomes greater than 21,780 square feet and/or within ½ mile of a Coastal Receiving Water as defined by SCDHEC, a formal Stormwater Management Plan (SWPPP) will be required to be submitted to the town for review and approval. I further acknowledge the Town’s Building Inspectors may refuse to conduct building inspections and the Town may issue Notices of Violation, Stop Work Orders, and/or Civil Penalties for failure to comply with the sediment and erosion control requirements.

\_\_\_\_\_  
Signature

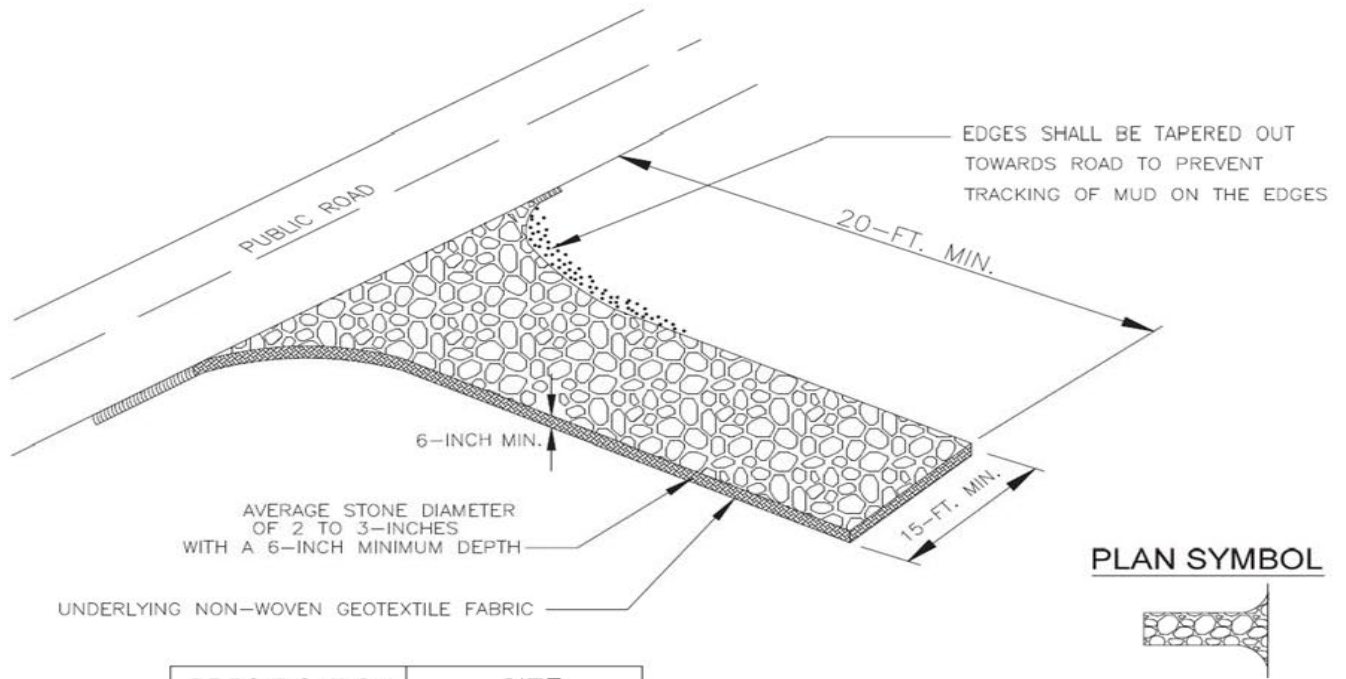
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Signed

*Note: Further documentation may be required upon review of the application.*





SPECIFICATION	SIZE
ROCK PAD THICKNESS	6 INCHES
ROCK PAD WIDTH	15 FEET
ROCK PAD LENGTH	20 FEET
ROCK PAD STONE SIZE	D50 = 2-3 INCHES

South Carolina Department of Health and Environmental Control

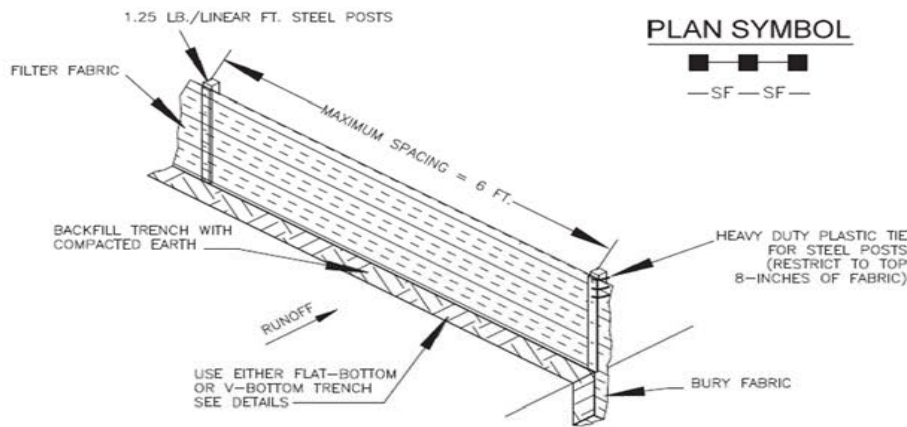
RESIDENTIAL LOT CONSTRUCTION ENTRANCE

STANDARD DRAWING NO. SC-06A PAGE 1 of 2

NOT TO SCALE

FEBRUARY 2014  
DATE

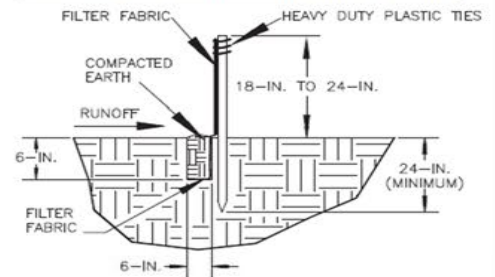
### SILT FENCE INSTALLATION



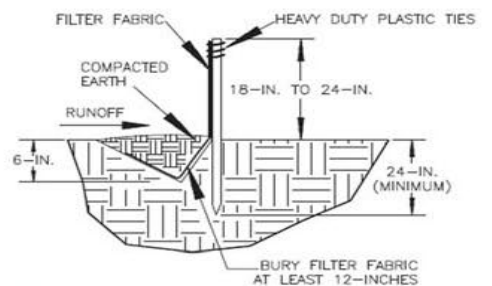
### SILT FENCE — GENERAL NOTES

- Do not place silt fence across channels or in other areas subject to concentrated flows. Silt fence should not be used as a velocity control BMP. Concentrated flows are any flows greater than 0.5 cfs.
- Maximum sheet or overland flow path length to the silt fence shall be 100-feet.
- Maximum slope steepness (normal [perpendicular] to the fence line) shall be 2:1.
- Silt fence joints, when necessary, shall be completed by one of the following options:
  - Wrap each fabric together at a support post with both ends fastened to the post, with a 1-foot minimum overlap;
  - Overlap silt fence by installing 3-feet passed the support post to which the new silt fence roll is attached. Attach old roll to new roll with heavy-duty plastic ties; or,
  - Overlap entire width of each silt fence roll from one support post to the next support post.
- Attach filter fabric to the steel posts using heavy-duty plastic ties that are evenly spaced within the top 8-inches of the fabric.
- Install the silt fence perpendicular to the direction of the stormwater flow and place the silt fence the proper distance from the toe of steep slopes to provide sediment storage and access for maintenance and cleanout.
- Install Silt Fence Checks (Tie-Backs) every 50-100 feet, dependent on slope, along silt fence that is installed with slope and where concentrated flows are expected or are documented along the proposed/installed silt fence.

### FLAT-BOTTOM TRENCH DETAIL



### V-SHAPED TRENCH DETAIL



South Carolina Department of Health and Environmental Control

SILT FENCE

STANDARD DRAWING NO. SC-03 Page 1 of 2

NOT TO SCALE

FEBRUARY 2014  
DATE





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 Community Development Department  
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**FOR OFFICIAL USE ONLY**  
 Date Received: \_\_\_\_\_  
 App. #: \_\_\_\_\_  
 Form revised 10-2012

**AFFIDAVIT OF OWNERSHIP AND  
 HOLD HARMLESS PERMISSION TO ENTER PROPERTY**

The undersigned being duly sworn and upon oath states as follows:

1. I am the current owner of the property which is the subject of this application.
2. I hereby authorize \_\_\_\_\_ to act as my agent for this application only.
3. All statements contained in this application have been prepared by me or my agents and are true and correct to the best of my knowledge.
4. The application is being submitted with my knowledge and consent.
5. Owner grants the Town, its employees, agents, engineers, contractors or other representatives the right to enter upon Owner's real property, located at \_\_\_\_\_ (address),  
 R \_\_\_\_\_ (parcel ID) for the purpose of application review, for the limited time necessary to complete that purpose.  
 Description of Work: \_\_\_\_\_
6. Owner agrees to hold the Town harmless for any loss or damage to persons or property occurring on the private property during the Town's entry upon the property, unless the loss or damage is the result of the sole negligence of the Town.
7. I acknowledge that the Town of Hilton Head Island Municipal Code requires that all construction in a Special Flood Hazard Zone be constructed in accordance with the following provisions that:
  - a. any enclosed area below the base flood elevation will be used solely for parking of vehicles, limited storage or access to the building. This space will never be used for human habitation without first becoming fully compliant with the Town's Flood Damage Controls Ordinance in effect at the time of conversion.
  - b. all interior walls, ceilings and floors below the base flood elevation will be constructed of flood resistant materials.
  - c. all mechanical, electrical and plumbing devices will be installed above base flood elevation.
  - d. walls of the enclosed area below base flood elevation will be equipped with at least two openings which allow automatic entry and exit of flood water. Openings will be on two different walls with at least one square inch of free area for every square foot of enclosed space and have the bottom of openings no more than a foot above grade.
  - e. the structure may be subject to increased premium rates for flood insurance from the National Flood Insurance Program.
8. I understand that failure to abide by Town permits, any conditions, and all codes adopted by the Town of Hilton Head Island deems me subject to enforcement action and/or fines.

Print Name: \_\_\_\_\_ Owner Signature: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date: \_\_\_\_\_

The foregoing instrument was acknowledged before me by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification and who did not take an oath.  
 WITNESS my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 2\_\_\_\_\_.  
 \_\_\_\_\_ My Commission expires: \_\_\_\_\_  
 Notary Public Signature Please affix seal or stamp.

Permit #: \_\_\_\_\_

**Town of Hilton Head Island  
Certification of Work to be Performed**

**Note:**

- The Certificate of Work is required upon application for the following trades: **Electrical, Plumbing, HVAC and Gas**
- All information on the form is required. Only completed forms will be accepted.

*State Mechanical License (Residential & Commercial)*      *Municipal Assoc License (Residential)*  
# \_\_\_\_\_ **LICENSE GROUP:** \_\_\_\_\_ # \_\_\_\_\_

**Business License #:** \_\_\_\_\_

**Work Site:** \_\_\_\_\_ (as it appears on the permit)  
**Owner:** \_\_\_\_\_  
**Contractor:** \_\_\_\_\_

**Description of work** to be performed by mechanical contractor:

- Electrical** \_\_\_\_\_ Electric Service Size \_\_\_\_\_
- Plumbing** \_\_\_\_\_
- Heating and Air** \_\_\_\_\_ Heat Pump Size \_\_\_\_\_
- Gas** \_\_\_\_\_
- Tank Size \_\_\_\_\_ Buoyancy of Tank (pounds) \_\_\_\_\_  Above Ground  
# Augurs installed \_\_\_\_\_ Max holdown of each auger \_\_\_\_\_  Below Ground

I am the Owner or Authorized Agent of \_\_\_\_\_.

**Company Name**

*The Electrical or Heating and Air Conditioning or Plumbing or Gas work as described above shall be installed in accordance with all applicable codes.*

\_\_\_\_\_  
*Owner / Agent Name (PRINT)*

\_\_\_\_\_  
*Notary Public (PRINT)*

\_\_\_\_\_  
*Owner / Agent Signature*

\_\_\_\_\_  
*Notary Signature*

Date: \_\_\_\_\_

Date: \_\_\_\_\_

State: \_\_\_\_\_

Commission Expires: \_\_\_\_\_