



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

FOR OFFICIAL USE ONLY	
Date Received:	_____
Accepted by:	_____
App. #:	_____

CERTIFICATION OF COMPLIANCE APPLICATION

Name of Development: _____ Address/Location: _____
 Parcel Number [PIN]: R _____
 DPR or SUB #: _____ Building Permit #: _____ Town Project Manager: _____
 Project Contact: _____ Phone: _____ Email: _____

Note: This application and all required materials must be submitted to the project manager. The site will not be inspected until all required application materials have been submitted. Please allow two full business days for site inspections and re-inspections.

Required	Submitted	Item
		Owner's Affidavit of Project Completion Form stating that all work has been done consistent with the applicant's development permit and any applicable provisions of the Land Management Ordinance (LMO).
		Photos of the entire site showing buildings, fences, other structures, curb cuts, drive aisles, vehicle parking, bicycle parking, landscaping, etc.
		An As-Built Drawing with stamped certification by a South Carolina registered land surveyor indicating accurate site conditions of pavements, parking spaces, utilities, structures, and drainage. This must be submitted in both Adobe .pdf and AutoCAD .dwg formats using 1988 vertical datum.
		Stormwater BMP As-Built Certification Form , signature over seal.
		Registered Engineer or Landscape Architect's Certification of Project Completion Form , signature over seal, stating completion of roads, parking, and utilities.
		Registered Landscape Architect's Certification of Project Completion Form , signature over seal, confirming the approved landscaping and tree planting plan is complete; OR (see below)
		Landscape Contractor's Certification of Project Completion Form , notarized, confirming the approved landscaping and tree planting plan is complete.
		Executed Town of Hilton Head Island Permanent Stormwater Maintenance and Responsibility Agreement
		Copy of the documents that clearly set forth the ownership and maintenance provisions and responsibilities for infrastructure improvements, amenities reflected under the approved plan, and any open space areas required.
		DHEC permits to operate water and sewer lines.
		Public Service District (or similar entity) acceptance of completed water and sewer lines for permanent ownership, operation, and maintenance.
		Public entity acceptance of ownership and maintenance responsibility for dedicated roads and drainage systems, where applicable.
		Any other applicable agencies' final certification , such as DHEC NOT, SCDOT, Beaufort County, U.S. Army Corps of Engineers, etc.

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



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Date Received: _____

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Date Approved: _____

STORMWATER BMP AS-BUILT CERTIFICATION

— Please TYPE or PRINT Legibly —

DATE _____ DPR or LDP NUMBER _____

NAME OF DEVELOPMENT (as it appears on approved plans) _____

LOCATION/ADDRESS OF DEVELOPMENT _____

PLAN APPROVAL DATE _____ AS-BUILT CONDITIONS FIELD VERIFIED ON _____

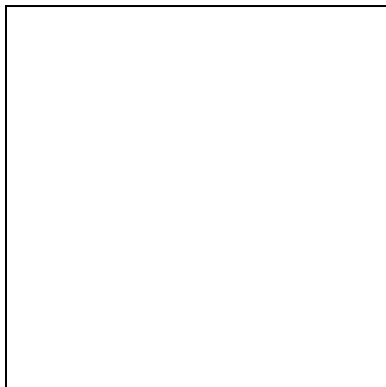
OWNER/DEVELOPER _____ PHONE _____

ENGINEER OF RECORD _____ PHONE _____

ENGINEER'S CERTIFICATION

By placing my professional stamp and signature on this paper, I certify that based on the attached field verified information, the stormwater controls for this project were constructed in accordance with the approved design on file with the Town of Hilton Head Island and with standard engineering and accepted construction practices. I further certify that these stormwater controls meets the ordinance requirements for post-development stormwater management.

SIGNATURE: _____ DATE: _____



SEAL

STORMWATER BMP AS-BUILT CERTIFICATION

FOR EACH BMP – FILL OUT THE FOLLOWING

NOTE:

MANUFACTURED FACILITY (Hydro-Dynamic Separator, Underground Chamber System, etc.)

requires a letter of certification from the manufacturer stating the device was installed according to minimum specifications and that the device is functioning as designed.

BMP Description (type, location, etc.): _____

Is the BMP located on the site according to the approved plans? YES NO

Is the BMP in need of maintenance (clogged inlets/outlets, sediment/trash/debris, etc.)? YES NO

Is the BMP encumbered by a permanent easement? YES NO

Deed Book: _____, Page Number: _____, Recording Date: _____

Is the BMP oriented within the easement as per the plans? YES NO

Is the BMP accessible for future maintenance activities? YES NO

Is the Grading of the site in compliance with IRC Building Code R403.1.7.3? YES NO

On graded sites, the top of any exterior foundation shall extend above the elevation of the street gutter at point of discharge or the inlet of an approved drainage device not less than 12 inches (305 mm) plus 2 percent. Alternate elevations are permitted subject to the approval of the building official, provided that it can be demonstrated that required drainage to the point of discharge and away from the structure is provided at all locations on the site.

	Design	As-built
First-Flush Retention Volume	_____ Cubic Feet	_____ Cubic Feet
First-Flush Water Elevation	_____ Feet	_____ Feet
Pond/Structure Top Elevation	_____ Feet	_____ Feet
Pond/Structure Bottom Elev.	_____ Feet	_____ Feet
Riser Crest Elevation	_____ Feet	_____ Feet
Riser Invert/Sump Elevation	_____ Feet	_____ Feet
Riser Material	_____	_____
Outlet Elevation	_____ Feet	_____ Feet
Outlet Diameter	_____ Inches	_____ Inches
Outlet Pipe Diameter	_____ Inches	_____ Inches
Outlet Pipe Length	_____ Feet	_____ Feet
Outlet Pipe Invert Elev. (In)	_____ Feet	_____ Feet
Outlet Pipe Invert Elev. (Out)	_____ Feet	_____ Feet
Outlet Pipe Material	_____	_____

Additional comments, if any:



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REGISTERED ENGINEER OR LANDSCAPE ARCHITECT'S CERTIFICATION OF PROJECT COMPLETION

Name of Development: _____

Address/Location: _____

Parcel Number [PIN]: R _____

DPR or SUB #: _____

Date of Approved Plans: _____ Date of Last Site Inspection: _____

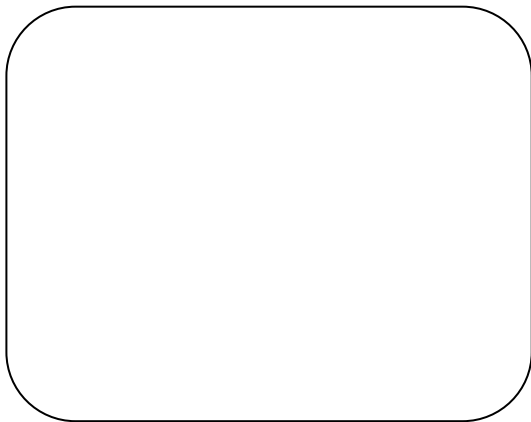
Engineer or Landscape Architect of Record (Print Name): _____ Business License #: _____

Email: _____ Phone: _____

REGISTERED ENGINEER OR LANDSCAPE ARCHITECT'S CERTIFICATION

By placing my professional stamp and signature on this paper, I certify that the roads, parking, drainage systems, and utilities are complete for the above referenced project per the approved plans.

Signature: _____ Date: _____



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Date Received: _____
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LANDSCAPE CONTRACTOR'S CERTIFICATION OF PROJECT COMPLETION

Name of Development: _____

Address/Location: _____

Parcel Number [PIN]: R _____

DPR or SUB #: _____

Date of Approved Plans: _____ Date of Last Site Inspection: _____

Landscape Contractor (Print Name): _____ Business License #: _____

Email: _____ Phone: _____

LANDSCAPE CONTRACTOR'S CERTIFICATION

By placing my signature on this paper, I certify that the landscaping and tree planting are complete for the above referenced project per the approved plans.

Signature: _____ 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_____.

Notary Public Signature: _____ My Commission expires: _____

Please affix seal or stamp.



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REGISTERED LANDSCAPE ARCHITECT'S CERTIFICATION OF PROJECT COMPLETION

Name of Development: _____

Address/Location: _____

Parcel Number [PIN]: R _____

DPR or SUB #: _____

Date of Approved Plans: _____ Date of Last Site Inspection: _____

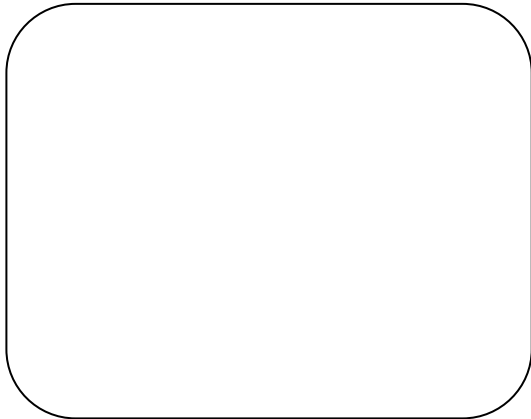
Landscape Architect of Record (Print Name): _____ Business License #: _____

Email: _____ Phone: _____

LANDSCAPE ARCHITECT'S CERTIFICATION

By placing my professional stamp and signature on this paper, I certify that the landscaping and tree planting are complete for the above referenced project per the approved plans.

Signature: _____ Date: _____



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OWNER'S AFFIDAVIT OF PROJECT COMPLETION

Name of Development: _____ Address: _____

Parcel Number [PIN]: R _____

DPR or SUB #: _____ DRB #: _____

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. 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.
3. The application is being submitted with my knowledge and consent.
4. All work related to this project has been completed consistent with the development permit(s) and any applicable provisions of the Town of Hilton Head Island Land Management Ordinance (LMO).

Owner's Name (Print): _____ Owner's Signature: _____

Phone #: _____ 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____.

Notary Public Signature: _____ My Commission expires: _____

Please affix seal or stamp.



Town of Hilton Head Island
Public Projects & Facilities
One Town Center Court
Hilton Head Island, SC 29928
Phone: 843-341-4770 Fax: 843-842-8908
www.hiltonheadislandsc.gov

FOR OFFICIAL USE ONLY
Date Received: _____
Accepted by: _____
Date Approved: _____

STORMWATER NOTICE OF TERMINATION (NOT) CERTIFICATION

— Please TYPE or PRINT Legibly —

DATE _____ DPR or LDP NUMBER _____

NAME OF DEVELOPMENT (as it appears on approved plans) _____

LOCATION/ADDRESS OF DEVELOPMENT _____

PLAN APPROVAL DATE _____ AS-BUILT CONDITIONS FIELD VERIFIED ON _____

OWNER/DEVELOPER _____ PHONE _____

ENGINEER OF RECORD _____ PHONE _____
