



**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](http://www.hiltonheadislandsc.gov)

<b>FOR OFFICIAL USE ONLY</b>	
Date Received:	_____
Accepted by:	_____
App #: FC-	_____

Applicant/Agent Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

Zoning District: \_\_\_\_\_ Historic Neighborhood: \_\_\_\_\_

Family Name: \_\_\_\_\_ Heirs' Property  YES  NO

**Is property owned by an unbroken succession of family members since at least 1956 or bought by a family who has owned property since at least 1956?**  YES  NO

**NOTE: FAMILY COMPOUND APPLICATIONS ARE FAST-TRACKED.**

**FAMILY COMPOUND SUBMITTAL REQUIREMENTS**

The following items must be attached in order for this application to be completed:

- \_\_\_\_\_ Certificate of Owner's Consent
- \_\_\_\_\_ Notarized affidavit signed by all participants agreeing to become a Family Compound
- \_\_\_\_\_ Notarized affidavit that all participants are family members per Sec. 16-2-103.X.2.a.iii
- \_\_\_\_\_ Property Deed (to be recorded as a Family Compound)
- \_\_\_\_\_ A written narrative outlining the nature and details of the project, the form of ownership, and maintenance responsibility for all improvements up to the point of development.
- \_\_\_\_\_ A site plan for the proposed development (Associated DPR plans)

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

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

*(Continued on Back)*

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.

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PRINTED NAME

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SIGNATURE

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DATE