



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 #: FS-	_____

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 SUBDIVISION APPLICATIONS ARE FAST-TRACKED.

FAMILY SUBDIVISION 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 Subdivision
- _____ Notarized affidavit that all participants are family members per Sec. 16-2-103.X.2.a.iii
- _____ Certification signed by surveyor with the source of title of owners of land to be subdivided or copy of deed (to be recorded as a Family Subdivision)
- _____ 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 SUB 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

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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.

PRINTED NAME

SIGNATURE

DATE