

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:			
DRB #:			

Applicant/Agent Name:	Company:		
	City:		
Telephone: Fax:	E-mail:		
	Project Address:		
Zoning District:	Overlay District(s):		
CORRIDOR REVIE	W, MINOR SUBMITTAL R	EQUIREME	ENTS
Digital Submiss	sions may be accepted via e-mail by calling 8	<u>43-341-4757.</u>	
Submittal Requirements for All project	ts:		
jurisdiction of an ARB, the app	pard (ARB) Notice of Action (if applicable licant shall submit such ARB's written not application to the ARB to meet this requal	otice of action per l	LMO Section 16-
Filing Fee: Minor External Char	nge \$50; cash or check made payable to	the Town of Hil	ton Head Island.
	existing development. le) showing location of existing development. for color samples of proposed changes.	nent.	
the proposed request? If yes, a copy this application. YES NO To the best of my knowledge, the infactual, and complete. I hereby agree	ts and/or restrictions that are contra of the private covenants and/or rest information on this application and a to abide by all conditions of any appro- conditions shall apply to the subject	trictions must be all additional doc ovals granted by	e submitted with umentation is true the Town of Hilton
I further understand that in the event set forth in the Land Management Ord	of a State of Emergency due to a Disa linance may be suspended.	aster, the review	and approval times
SIGNATURE			

Last Revised 10/7/14 1