



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:	_____
Project #:	_____

REVISION REQUEST
For an Approved Major or Minor DPR or SUB

Project Name: _____ Project Address: _____

Parcel Number [PIN]: R _____

DPR or SUB#: _____ Date Approved: _____

Property Owner Name: _____ E-mail: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____ Preferred Contact (circle): E-Mail Phone Fax

Applicant/Agent Name: _____ E-mail: _____

Company: _____ Business License#: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____ Preferred Contact (circle): E-Mail Phone Fax

SUBMITTAL REQUIREMENTS

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

- _____ Narrative with all of the following: brief description of the proposed changes; an explanation of why the changes are necessary; a numbered list of each of the proposed changes; and a numbered list of the plans or documents that are being submitted with this application.
- _____ Notarized letter from the property owner consenting to the proposed changes.
- _____ All documents and plans describing or showing the proposed changes.
- _____ If applicable, revised approval letters and plans from outside agencies or a private ARB.
- _____ If applicable, revised approval letter from the Design Review Board (DRB) or the Urban Designer.

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

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/Agent Signature: _____ Date: _____

A notice of approval, approval with conditions, or notification of corrections and/or application deficiencies will be sent to the applicant by _____.