

TOWN OF HILTON HEAD ISLAND
Substantial Improvement Determination
Repair/Reconstruction Contractor Affidavit

Parcel ID Number: R _____
Address of Property: _____ Building #: _____ Apt.# _____
Name of Owner: _____ Phone #: _____
Address of Owner: _____
Name of Contractor: _____ Phone#: _____
Address of Contractor: _____
Contractor License#: _____ Type of License: _____

I hereby attest to the fact that the repair/reconstruction detailed list submitted for the Substantial Damage/Improvement Review is total disclosure of the improvements that will be completed during this permitting process. No other contractor has or will perform repairs, reconstruction or remodeling not included on the list for this permit.

Total Value of Construction: \$ _____ (labor, materials, overhead, profit)

I also understand that I am subject to the enforcement actions and/or fines if inspection of the property reveals that I have made repairs or improvements NOT INCLUDED ON THE LIST or that I have included non-conforming or illegal structures/additions to the existing structure without having presented plans for such additions to the permit. I understand that any permit issued by this jurisdiction pursuant to this affidavit does not authorize the reconstruction, repair, or maintenance of any illegal additions, fences, sheds, or non-conforming uses of structures on the subject property.

Signature of Contractor *Date*

State of _____
County of _____
Sworn and subscribed before me this _____ day of _____, 20____,

Name (*Print*)

Signature of Notary Commission expires