



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: _____

EXTENSION REQUEST
For Development Plan Review and/or Subdivision

Site/Project Information		
Project Name:		
Street Address:		
Tax District:	Map:	Parcel:
Proposed Use:		
Proposed Sq. Footage, Units or Lots:		
Approved DPR or SUB #:		

Land Owner Information
Name:
Mailing Address:
City, State, Zip:
Phone #:
E-mail:

The approved Notice of Action must be submitted with this application.

To the best of my knowledge, the information on this application and all additional documentation is true, factual and complete.

 Signature of Owner

 Date

-For Staff Use Only-

Staff has reviewed the site specific development plan associated with _____ and finds that it:
 meets or does not meet the requirements of Land Management Ordinance (LMO) Section 16-2-102.J.2.

Based on the review of the request for extension, LMO Section 16-2-102.J.2 and the site specific development plan, this extension request is: approved or denied

 Signature

 Date

Should you disagree with this determination you have fourteen (14) days from the receipt of this determination to file an appeal with the Board of Zoning Appeals.

[This section is only to be filled out if extension is approved.]

This is the _____ extension. The applicant may apply for a maximum of _____ more annual extensions. The new expiration date for this project is: _____.