

NON-SINGLE FAMILY USES
BUILD BACK TO CURRENT REGULATIONS
DPR APPLICATION FORM
 TOWN OF HILTON HEAD ISLAND

Please TYPE or PRINT legibly

NAME OF DEVELOPMENT _____
 STREET ADDRESS _____
 ZONING DISTRICT _____ OVERLAY DISTRICT _____
 TAX DISTRICT/MAP/PARCEL (S) _____
 CONTACT PERSON _____
 MAILING ADDRESS _____
 EMAIL _____
 PHONE _____ FAX# _____

APPLICATION REQUIREMENTS:

- COMPLETED & SIGNED APPLICATION, EMERGENCY PERMITTING AFFIDAVIT AND EMERGENCY MASTER APPLICATION FORM
- 2 COPIES OF DEVELOPMENT PLAN REVIEW (DPR) NOTICE OF ACTION & APPROVED PLANS **OR:**
 - 2 COPIES OF AN AS-BUILT SURVEY
 - 2 COPIES OF AN APPROVED FLOOR PLAN SHOWING SQUARE FOOTAGE OR AN AFFIDAVIT FROM OWNER OF RECORD CONFIRMING SQUARE FOOTAGE
 - 2 COPIES OF TOWN OR COUNTY APPROVED ELEVATION DRAWINGS OR AN AFFIDAVIT FROM OWNER OF RECORD STATING COMPLIANCE WITH HEIGHT REGULATIONS
- IF LOCATED WITHIN THE CORRIDOR OVERLAY DISTRICT:*
 2 COPIES OF DESIGN REVIEW BOARD (DRB) NOTICE OF ACTION & APPROVED PLANS **OR:**
 - 2 COPIES OF DRB APPROVED ELEVATION DRAWINGS OR COLOR PHOTOS OF ALL FACADES PRIOR TO DISASTER
 - 2 COPIES OF COLOR INFORMATION OF FACADES IN THE FORM OF NAMES & CODES, CHIPS OR SAMPLES, OR COLOR PHOTOS WITH DESCRIPTIONS
- FOR BUILDING PLAN REVIEW: 4 COPIES OF BUILDING PLANS & SITE PLANS

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.

_____/_____
Print Name / SIGNATURE **DATE**

| | |
|------------------------------|-------------|
| FOR OFFICIAL USE ONLY | |
| DATE RECEIVED: _____ | TIME: _____ |
| ACCEPTED BY: _____ | |

TOWN OF HILTON HEAD ISLAND
Emergency Permitting Affidavit

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

I hereby affirm that the repair described on the Emergency Master Application for the above listed property is the entire repair to be performed on the existing structure to build the structure back to what existed prior to the disaster. I further affirm that all repairs on the subject property will be completed in compliance with current building codes. I understand that any permit issued by this jurisdiction pursuant to this affidavit does not authorize the repair of any illegal construction on the subject property.

I hereby affirm that the repair described on the Emergency Master Application for the above listed property will either be in compliance with the current height regulations for the zoning district in which the property is located per the Land Management Ordinance (LMO) or the structure is being repaired to the height that legally existed prior to the disaster. If the property is located within a Neighborhood Character Overlay District, I further affirm that the repair will be in compliance with the current square footage regulations for the zoning district and overlay district in which the property is located per the LMO or the structure is being repaired to the square footage that legally existed prior to the disaster.

I hereby affirm that all construction will comply with current construction codes and Title 15 including Chapter 9.

Signature of Contractor _____ **Date** _____

(If owner is acting as the contractor, he must complete an Unlicensed Residential Builder Disclosure Statement as required by SC Code, Section 40-59-260)

| | |
|---|-----------------------------|
| State of _____ | |
| County of _____ | |
| Sworn and subscribed before me this _____ day of _____, 20_____ | |
| _____ Name (Print) | |
| _____ Signature of Notary | _____ Commission expires |

Signature of Owner _____ **Date** _____

| | |
|---|-----------------------------|
| State of _____ | |
| County of _____ | |
| Sworn and subscribed before me this _____ day of _____, 20_____ | |
| _____ Name (Print) | |
| _____ Signature of Notary | _____ Commission expires |

EMERGENCY MASTER APPLICATION
COMMUNITY DEVELOPMENT DEPARTMENT
DO NOT FILL IN GREY AREAS

| |
|----------------|
| Permit # _____ |
| Fee: \$ _____ |

| | | | |
|---|---|--|--------------------|
| <u>Project Address</u> | Street number: | Street Name: | <u>Flood Zone:</u> |
| Lot: <input type="text"/> | Subdivision: _____ Place Name: _____ | Zoning District: | Overlay District: |
| Parcel ID# <u>R</u> / / / / | Bldg: | Unit: | |
| <u>Property Owner</u> | | <u>Applicant: Authorized Tenant or Leaseholder</u> | |
| Name: | | Name | |
| Address: | | Address | |
| Phone: | | Phone: | |
| EMAIL: | | EMAIL: | |
| <u>Contractor</u> | | <u>Primary Contact</u> | |
| Name: | | Name: | |
| Address: | | Address: | |
| EMAIL: | | EMAIL: | |
| Phone: | | Phone: | |
| Contractor License/registration #: | | Phone: | |
| HHI Business License #: | | | |
| <u>Architect</u> | | <u>Engineer</u> | |
| Name: | | Name: | |
| Phone: | | Phone: | |
| State License # : | | State License # | |
| HHI Business License #: | | HHI Business License #: | |
| PLANNING DIVISION | | | |
| <p style="text-align: center;">Single Family/Duplex</p> <input type="checkbox"/> Emergency Permitting Affidavit <input type="checkbox"/> Photos of site layout (entire property- i.e. front, back & side yards) <input type="checkbox"/> Building Elevations -OR- Photos of four sides of each building For Damage Equal to or Greater Than 50% <input type="checkbox"/> As-Built Survey -OR- Other Approved Documentation <input type="checkbox"/> Emergency Permitting Affidavit <input type="checkbox"/> Three Sets of Building Plans <input type="checkbox"/> Four Complete Site Plans | | <p style="text-align: center;">Other (i.e. Commercial, Industrial, Multi-Family)</p> <input type="checkbox"/> Emergency Permitting Affidavit <input type="checkbox"/> DPR Approval & Plans -OR- As-Built Survey <input type="checkbox"/> DRB Approval & Plans -OR- Building Elevations -OR- Photos of four sides of each building For Damage Equal to or Greater Than 50% <input type="checkbox"/> 4 Sets of Building Plans & Site Plans | |
| PLANNING DIVISION APPROVAL (IF APPLICABLE) | | | |
| SIGNATURE _____ | | TITLE _____ | DATE _____ |
| Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Detached Garage <input type="checkbox"/> Accessory <input type="checkbox"/> Modular Structure <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Multifamily <input type="checkbox"/> Commercial <input type="checkbox"/> | | | |

