COMMUNITY DEVELOPMENT DEPARTMENT

PERMIT #

SINGLE FAMILY RESIDENTIAL
BUILD BACK WHAT EXISTED PRIOR TO DISASTER
EMERGENCY PERMIT 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 MASTER APPLICATION AND EMERGENCY PERMITTING AFFIDAVIT

- [ ] 3 COPIES OF TOWN OR COUNTY APPROVED SITE PLAN OR AS-BUILT SURVEY

- [ ] 3 COPIES OF BUILDING PLANS

- [ ] 2 COPIES OF TOWN OR COUNTY APPROVED ELEVATION DRAWINGS OR (IF APPLICABLE) PICTOMETRY DIAGRAM FROM TOWN OR PHOTOS OF HOUSE AND YARD AREAS

- [ ] *IF LOCATED WITHIN A NEIGHBORHOOD CHARACTER OVERLAY DISTRICT:* 2 COPIES OF A FLOOR PLAN OR AN AFFIDAVIT FROM OWNER OF RECORD CONFIRMING SQUARE FOOTAGE PRIOR TO DISASTER

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: _____	

Last Revised 8/5/19

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: $_____

Project Address	Street number:	Street Name:	*Flood Zone:*

Lot: [ ]

Subdivision: _____
Place Name: _____

Zoning District:

Overlay District:

Parcel ID# **R** _____ / _____ / _____ / _____

Bldg: **Unit:**

Property Owner	Applicant: Authorized Tenant or Leaseholder
Name:	**Name**
Address:	**Address**
Phone:	**Phone:**
EMAIL:	**EMAIL:**

Contractor	Primary Contact
Name:	**Name:**
Address:	**Address:**
EMAIL:	**EMAIL:**
Phone:	**Phone:**
Contractor License/registration #:	**Phone:**
HHI Business License #:	

Architect	Engineer
Name:	**Name:**
Phone:	**Phone:**
State License # :	**State License #**
HHI Business License #:	**HHI Business License #:**

PLANNING DIVISION

Single Family/Duplex
- [ ] Emergency Permitting Affidavit
- [ ] Photos of site layout (entire property- i.e. front, back & side yards)
- [ ] Building Elevations -**OR**- Photos of four sides of each building

For Damage Equal to or Greater Than 50%
- [ ] As-Built Survey –**OR**- Other Approved Documentation
- [ ] Emergency Permitting Affidavit
- [ ] Three Sets of Building Plans
- [ ] Four Complete Site Plans

Other *(i.e. Commercial, Industrial, Multi-Family)*
- [ ] Emergency Permitting Affidavit
- [ ] DPR Approval & Plans –**OR**- As-Built Survey
- [ ] DRB Approval & Plans –**OR**- Building Elevations -**OR**- Photos of four sides of each building

For Damage Equal to or Greater Than 50%
- [ ] 4 Sets of Building Plans & Site Plans

PLANNING DIVISION APPROVAL (IF APPLICABLE)

_____   _____   _____
SIGNATURE   **TITLE**   **DATE**

Single Family ☐   **Duplex** ☐   **Detached Garage** ☐   **Accessory** ☐   **Modular Structure** ☐

Manufactured Home ☐   **Multifamily** ☐   **Commercial** ☐

Last Revised 8/5/19

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

Is the work that is to be completed to include the building & area of the site that will be disturbed over.5 acres or 21,780 sq. ft.? ☐YES ☐NO

Detailed Description of Work

BUILDING INFORMATION:			
Total Lot Size		Height measured from BFE	
		Maximum Height Allowed**	
Total Pervious (sq ft) for entire lot		Number of Fireplaces	
Total Impervious (sq ft) for entire lot		Type of Exterior Materials	
Heated Sq. Ft. (new or added)		Fire Alarm System	☐YES ☐NO
Unheated Sq. Ft. (new or added)		Sprinklered	☐YES ☐NO
Number of Stories		Type of heating/air	
Number of Bedrooms		Gas appliances	
Number of Bathrooms		Size of Liquid Propane tank	
Total Residential Rooms		Septic Tank Number	
AIR BARRIER TEST - Yes or No - if Yes, need prior to inspection being scheduled		**Blower Door Test – Yes or No – if Yes, need prior to CO OR FINAL inspection being scheduled**	
Number of Elevators		Insulation (Prescriptive or Performance Base)	

POOL INFORMATION		ROOF INFORMATION	
Pool/Spa Sq. Ft. _____	Material:	Wind Uplift:	
Elevation of Pool Deck _____	Amount of Fasteners:	Years of Guarantee:	
Total Pervious:	Type of Fasteners:		
Total Impervious:			

Value of Construction - (includes materials, labor, profit)		
Plumbing	☐	
Electrical	☐	**Town assessed % of damage_____**
Heating/Air	☐	**Total Value of Construction (Plumb/Elec/HVAC/Bldg.)**
Building	☐	**$_____**

Application is hereby made for a permit to perform work as described herein. I understand that emergency permits are only issued to repair or reconstruct a structure back to the state or condition that existed immediately prior to the declared disaster. The information on this application is complete and accurate and I am authorized to submit this application. I understand that all work must be according to approved plans if required and that the repairs cannot exceed the % of assessed damage established by the Town. All work will be in compliance with Town of Hilton Head Island adopted codes.

_____   _____   **Date_____**
Signature of owner or
authorized tenant/authorized agent   *Print Name*

_____   _____   **Date_____**
Signature of Contractor of Record   *Print Name*

Last Revised 8/5/19