

SINGLE FAMILY RESIDENTIAL
BUILD BACK TO CURRENT REGULATIONS
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: _____	

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"/>			

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	<input type="checkbox"/> YES <input type="checkbox"/> NO
Unheated Sq. Ft. (new or added)		Sprinklered	<input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/>	Town assessed % of damage _____ Total Value of Construction (Plumb/Elec/HVAC/Bldg.) \$ _____
Electrical	<input type="checkbox"/>	
Heating/Air	<input type="checkbox"/>	
Building	<input type="checkbox"/>	

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.

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

Signature of Contractor of Record *Print Name* Date _____