



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:	_____
App #: WrkForce-	_____

Applicant/Agent Name: _____ Company: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Project Name: _____ Project Address: _____

Parcel Number [PIN]: R _____

Zoning District: _____ Overlay District(s): _____

WORKFORCE HOUSING SUBMITTAL REQUIREMENTS

Check the option being utilized for the Workforce Housing request:

- _____ **1. Commercial Conversion.** The conversion of non-residential square footage to residential or mixed-use development.
- _____ **2. Bonus Density.** The increase in the number of units on the site in order to provide an incentive for the construction of workforce housing.

The following items must be attached in order for this application to be complete:

- _____ Owners Consent Form
- _____ A written narrative describing the scope of the project and how the requirements for the Workforce Housing Program in LMO Section 16-4-105 are being addressed
- _____ Workforce Housing Agreement per LMO Section 16-4-105.B
- _____ Restrictive Covenants per LMO Section 16-4-105.B
- _____ A site plan for the proposed development (Associated DPR or SUB plans).
- _____ If no site improvements are required, submit a set of plans showing the proposed interior building layout

Note: Further documentation may be required upon review of the application.

(Continued on Back)

Are there recorded private covenants and/or restrictions that are contrary to, conflict with, or prohibit the proposed request? If yes, a copy of the private covenants and/or restrictions must be submitted with this application. YES NO

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.

I further understand that in the event of a State of Emergency due to a Disaster, the review and approval times set forth in the Land Management Ordinance may be suspended.

SIGNATURE

DATE