



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](http://www.hiltonheadislandsc.gov)

<b>FOR OFFICIAL USE ONLY</b> Date Received: _____ Accepted by: _____
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Property Address: \_\_\_\_\_ Parcel Number [PIN]: R \_\_\_\_\_  
Property Owner Name: \_\_\_\_\_  
Property Owner Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Property Owner Telephone: \_\_\_\_\_ Property Owner E-mail: \_\_\_\_\_  
Applicant Name, if different than Property Owner Name: \_\_\_\_\_  
Applicant Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_  
Applicant Telephone: \_\_\_\_\_ Applicant E-mail: \_\_\_\_\_

**Sewer Connection Program**

Please submit the following items with this application form:
<input type="checkbox"/> Notarized Affidavit of Ownership and Hold Harmless Permission to Enter Property form.
<input type="checkbox"/> Copy of the recorded home title or registration, in the case of a manufactured home.
<input type="checkbox"/> Lowcountry Council of Governments Certification of Household Income form.
<input type="checkbox"/> <b>Provide number of people within household and ages of each household member:</b> _____
<input type="checkbox"/> Verification from the Deep Well Project that the applicant does not qualify for funding from Project SAFE; or
<input type="checkbox"/> Verification from the Deep Well Project that the applicant will receive partial funding from Project SAFE and the amount of funding that will be provided.

**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 and authorized by the property owner(s). 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.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



Town of Hilton Head Island  
 Community Development Department  
 One Town Center Court  
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<b>FOR OFFICIAL USE ONLY</b>	
Date Received:	_____
App. #:	_____

**AFFIDAVIT OF OWNERSHIP AND  
 HOLD HARMLESS PERMISSION TO ENTER PROPERTY**

The undersigned being duly sworn and upon oath states as follows:

1. I am the current owner of the property which is the subject of this application.
2. I hereby authorize \_\_\_\_\_ to submit this application for the **Town of Hilton Head Island Sewer Connection Program**. This authorization is valid for this application only.
3. All statements contained in this application have been prepared by me or my agents and are true and correct to the best of my knowledge.
4. The application is being submitted with my knowledge and consent.
5. Owner grants the Town, its employees, agents, engineers, contractors or other representatives the right to enter upon Owner's real property, located at \_\_\_\_\_ (address),  
 R \_\_\_\_\_ (parcel ID) for the purpose of application review, for the limited time necessary to complete that purpose.

Description of Work: \_\_\_\_\_

6. Owner agrees to hold the Town harmless for any loss or damage to persons or property occurring on the private property during the Town's entry upon the property, unless the loss or damage is the result of the sole negligence of the Town.
7. I acknowledge that the Town of Hilton Head Island Municipal Code requires that all construction in a Special Flood Hazard Zone be constructed in accordance with the following provisions that:
  - a. any enclosed area below the base flood elevation will be used solely for parking of vehicles, limited storage or access to the building. This space will never be used for human habitation without first becoming fully compliant with the Town's Flood Damage Controls Ordinance in effect at the time of conversion.
  - b. all interior walls, ceilings and floors below the base flood elevation will be constructed of flood resistant materials.
  - c. all mechanical, electrical and plumbing devices will be installed above base flood elevation.
  - d. walls of the enclosed area below base flood elevation will be equipped with at least two openings which allow automatic entry and exit of flood water. Openings will be on two different walls with at least one square inch of free area for every square foot of enclosed space and have the bottom of openings no more than a foot above grade.
  - e. the structure may be subject to increased premium rates for flood insurance from the National Flood Insurance Program.
8. I understand that failure to abide by Town permits, any conditions, and all codes adopted by the Town of Hilton Head Island deems me subject to enforcement action and/or fines.
9. I acknowledge there will be permanent underground infrastructure placed on the parcel as a result of the work, and this infrastructure may include: wastewater piping, low-pressure sewer grinder unit, sewer cleanout, electrical wiring necessary for low-pressure sewer grinder unit, junction boxes, and other appurtenances necessary to serve the property with public sewer. Any future movement of the infrastructure will be done at the owner's expense.

Print Name: _____	Owner Signature: _____
Phone No.: _____	Email: _____
Date: _____	

The foregoing instrument was acknowledged before me by _____, who is personally known to me or has produced _____ as identification and who did not take an oath.	
WITNESS my hand and official seal this _____ day of _____, A.D., 2_____.	
_____ Notary Public Signature	My Commission expires: _____ Please affix seal or stamp.

LOWCOUNTRY COUNCIL OF GOVERNMENTS  
 PO BOX 98, YEMASSEE, SC 29945  
 PHONE (843) 473-3990  
 FAX (843) 726-5165

CERTIFICATION OF INCOME RESULTS

Homeowner/Household:  
 Address:  
 Hilton Head Island, SC 299\_\_\_\_

Approved Verification Source:

- \_\_\_ Three (3) consecutive payroll stubs
- \_\_\_ Completed verification of employment form
- \_\_\_ Social Security annual statement
- \_\_\_ Bank statement or Bank Deposit Snapshot showing deposits of social security income/other source income within 6 months of application
- \_\_\_ Current year income tax return
- \_\_\_ Notarized certification of income

The above income verification certifies to be at or below the 100% Local Area Household Median Income.

QUALIFIED                       NOT QUALIFIED

Documents checked for Town of Hilton Head Island Sewer Connection Program on \_\_\_\_\_, 2022 by Jessica Dailey, Community & Economic Development Specialist, Lowcountry Council of Governments

\_\_\_\_\_  
 Jessica Dailey

2022 BEAUFORT COUNTY, SOUTH CAROLINA AREA MEDIAN INCOME (AMI) LIMITS								
Income Limits	Number of Persons in Household							
	One (1)	Two (2)	Three (3)	Four (4)	Five (5)	Six (6)	Seven (7)	Eight (8)
30%	18,200	20,800	23,400	27,750	32,470	37,190	41,910	46,630
50%	30,350	34,700	39,050	43,350	46,850	50,300	53,800	57,250
60%	36,420	41,640	46,860	52,020	56,220	60,360	64,560	68,700
80%	48,550	55,500	62,450	69,350	74,900	80,450	86,000	91,550
<b>100%</b>	<b>60,700</b>	<b>69,400</b>	<b>78,100</b>	<b>86,700</b>	<b>93,700</b>	<b>100,600</b>	<b>107,600</b>	<b>114,500</b>