



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. #:	_____

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): _____

TREE APPROVAL SUBMITTAL REQUIREMENTS

Please ensure that all items listed below are attached to this application per LMO Section 16-3-404:

_____ Tree Survey (less than 2 years old)

_____ Written narrative describing tree protection and replacement

_____ Tree Tally Sheet(s) listing trees by category

_____ Site Development Plans showing all utility lines, grading and drainage activities, and building elevations in relation to existiiing trees and marking trees to be removed with an "X"

_____ Replacement or supplemental tree planting schedule, if required

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