

**TOWN OF HILTON HEAD ISLAND BUILDING PERMIT APPLICATION REQUIREMENTS**  
**Community Development Department 843-341-4757**

**1. Owner, Contractor or General Contractor must submit the following:**

- Completed Building Permit Application with all required fees.
- Commercial Property Owners/Landlords must have a Town of Hilton Head Island Business License**
- Subcontractor License Acknowledgement
- Original/ Notarized Mechanical Certificates
- Solid Waste Disposal Plan
- Completed Subcontractor Roster prior to Permanent Service or Final Inspection, including state license numbers (when required) and business license numbers
- Contractors shall carry both,
  - A valid Town of Hilton Head Island Business License, and
  - A current State of South Carolina license, when required by law.

**2. Any exterior changes, or interior added habitable space in one and two family dwellings will require four (4) sets of site plans with elevations drawn to scale indicating property lines, setbacks, buffer and height requirements of Title 16 of the Town Code (LMO), Chapter 5. In the Forest Beach district a Tree Survey will be required. In other areas it may be required to be submitted.**

**3. For all buildings the Site Plans and Elevations shall contain the following information:**

- Any existing structures,
- Mean Sea Level (MSL) height of first habitable floor,
- MSL of each additional habitable floor, or floor to floor heights,
- Height of roof or highest roof feature,
- Set back angles,
- Required base flood elevation if the property is located in a flood hazard zone.

**4. For all buildings provide three (3) sets of building plans.**

- For one and two family dwellings, provide documentation that the proper design criteria was met by using one of the following: Standard for Hurricane Resistant Residential Construction (SSTD10), American Forest and Paper Assoc (AF&PA )or American Society of Civil Engineers (ASCE-7) The building official may require the plans to have the seal of a registered design professional.
- For Commercial the plans shall be stamped by a SC State licensed architect or engineer when,**
  - The building is over 5,000 square feet in size,
  - Over two stories in height,
  - The building is classified as a **Group A, E or I occupancy.**
- Both Commercial and One and Two family plans will show,**
  - The location, nature and extent of the work proposed and show in detail that it will conform to the provisions of the locally adopted Codes, ordinances and rules and regulations of the Town and the State.
  - Dimensioned floor plans
  - Plans on all mechanical, electrical and plumbing work.
  - Structural plans showing at a minimum, foundations, wall sections and loads (including calculations)
  - Detail the location, construction, size and character of all portions of the means of egress.

**5. Provide the Septic Tank Permit, if applicable.**

**6. A Foundation Survey is required for new structures prior to pouring the foundation. Additions and pools located in overlay districts or where an Office of Ocean & Coastal Resource Management (OCRM) stamp is required a Foundation Survey must also be furnished. An As Built is required prior to Certificate of Occupancy or Final Inspection.**

**7. A Certified Copy of the Under Construction Flood Elevation Certificate (FEC) is required prior to vertical construction above the first habitable floor in A & V zones. An original FEC for "Finished Construction" is required before the Final or Certificate of Occupancy inspection. V-Zone certification is required for all buildings located in a Velocity Flood Zone.**

**8. A notarized Non Conversion Agreement must be provided prior to the rough in inspections for all new construction, additions or substantial improvements in a flood hazard zone with an enclosed crawl spaces greater than 5' high, an attached or detached garage or an accessory storage building.**

**9. It is the responsibility of the applicant and / or owner to obtain Property Owner's Association approval or approval from your association's Architectural Review Board prior to beginning this project.**

<i>Office use only:</i> Permit fee:	Plan ck:	Impact:	Total:
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Town of Hilton Head Island  
 Community Development Department  
 1 Town Center Court  
 Hilton Head Island SC 29928  
 843-341-4757



**B** \_\_\_\_\_  
Building Permit Application DPR # \_\_\_\_\_  
 (Commercial- if required)

**LOCATION OF WORK BEING PERFORMED:**

Lot # \_\_\_\_\_ Street # \_\_\_\_\_ Street Name \_\_\_\_\_  
 SUBDIVISION \_\_\_\_\_

Single Family <input type="checkbox"/>	Duplex <input type="checkbox"/>	Detached Garage <input type="checkbox"/>	Accessory <input type="checkbox"/>	Modular Structure <input type="checkbox"/>
Multi Family <input type="checkbox"/>	Commercial <input type="checkbox"/>	Affordable Housing <input type="checkbox"/>		
(If Commercial) Place Name: _____ BLDG # _____ UNIT #: _____		Unit Owner: _____ Unit Owner HH Business License #: _____		
Building Owner: _____ Building Owner HH Business License #: _____		Tenant Name: _____ Tenant HH Business License #: _____		
Parcel ID <u>R</u> / / / /			FLOOD ZONE: _____	

<u>Property (Land) Owner Information</u>		<u>Applicant:</u> Owner <input type="checkbox"/> Authorized Agent <input type="checkbox"/>	
Name:	Name		
Address:	Address		
Address:	Address:		
Phone:	Phone:		
<b>Contractor</b>	<b>Primary Contact</b>		
Name:	Name:		
Address:	Address:		
<b>Superintendent Phone:</b>	Address:		
<b>Contractor Phone:</b>			
Contractor License/registration #:	Phone:		
HHI Business License #:			
<b>Architect</b>	<b>Engineer</b>		
Name:	Name:		
Phone:	Phone:		
State License # :	State License #		
<b>Project Type:</b> New Structure <input type="checkbox"/> Addition <input type="checkbox"/> Renovation/Repair <input type="checkbox"/> Other <input type="checkbox"/>			
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. <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is this a change on occupancy? Y <input type="checkbox"/> N <input type="checkbox"/>		Number of Units: _____	

Detailed Description of work:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INSULATION INFORMATION:** (CHECK ONE)- PRESCRIPTIVE - PERFORMANCE BASE -



Solid waste containment method: \_\_\_\_\_

Waste pick-up and disposal schedule: \_\_\_\_\_

Disposal location (site): \_\_\_\_\_

Name of party or company responsible for the removal: \_\_\_\_\_

**Location of dumpster is required for Commercial and Multi-family permits– please provide a drawing. If you have any questions, please call 341-4681 or 341-4757.**

**New Structure or Addition**

Heated Sq. Ft. (new or added)		Total Parcel Area	
Unheated Sq. Ft. (new or added)		Total Impervious	
Number of stories		Fire alarm system	<input type="checkbox"/> Y <input type="checkbox"/> N
Number of bedrooms		Sprinklered	<input type="checkbox"/> Y <input type="checkbox"/> N
Number of bathrooms			
Total residential rooms		Type of heating/air	
Number of elevators		Gas appliances	
Number of fireplaces		Size of LP tank	
Type of exterior materials		Type of sewage	<input type="checkbox"/> PSD <input type="checkbox"/> Septic
<input type="checkbox"/> Re-roof		Septic tank number	
Material: _____ Amt of fasteners: _____			
Wind Uplift: _____ Type of fasteners: _____			
Years of Guarantee: _____			

**Other Permit Types**

<input type="checkbox"/> Construction trailer	<input type="checkbox"/> Moving permit	<b>POOL APPLICATIONS:</b> <input type="checkbox"/> Residential pool/spa Sq Ft: _____ <input type="checkbox"/> Commercial pool/spa Sq Ft: _____ <input type="checkbox"/> Natural Grade Elevation: _____ <input type="checkbox"/> Elevation of Pool Deck: _____
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Demo	
<input checked="" type="checkbox"/> Irrigation	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> HVAC replacement	<input type="checkbox"/> Tent	<input type="checkbox"/> Re-roof
<input type="checkbox"/> HVAC-other	<input type="checkbox"/> Air supported structure	Material: _____ Amt of fasteners: _____
<input type="checkbox"/> Electrical Change out <200 Amp		Wind Uplift: _____ Type of fasteners: _____
<input type="checkbox"/> Electrical Change out >200 Amp		Years of Guarantee: _____
<input type="checkbox"/> Electrical		

**Value of Construction (includes materials, labor, profit)**

Plumbing	\$	Total Value of Construction  \$
Electrical	\$	
Mechanical	\$	
Building	\$	

Application is hereby made for a permit to perform work as described in this application along with accompanying drawings if required. 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 plan and in compliance with Town of Hilton Head Island current adopted codes.

\_\_\_\_\_ Date: \_\_\_\_\_  
**Print name** **Signature of owner/authorized tenant/authorized agent**

## LICENSE REQUIREMENTS

*(Please read carefully. This form is required at time of application)*

- Individuals and entities involved in the construction, repair or renovation of structures including mechanical construction are required to comply with **licensing requirements of the State of South Carolina and the Town of Hilton Head Island.**
- **Persons engaged in business in the Town of Hilton Head Island are required to have current business licenses.**
- The Contractor must furnish the Community Development Department with a sub roster form listing subcontractor names, business license numbers and state/local licenses or registrations as applicable. This requirement also applies to individuals such as craftsmen or artisans not regularly employed by the contractor but who are performing work on the job.
- No deductions shall be made on the permit application by a general or independent contractor for value of work performed by a subcontractor.
- **In no case will a permanent service inspection or final, if there is not a permanent service inspection, be processed until a completed subcontractor roster is submitted and all license numbers are accurate, complete and current.**

*Should the contractor allow a subcontractor or craftsman to begin work on a job without a business license, the contractor shall be subject to a suspension of his business license in accordance with Section 10-1-150 of the Code of Ordinances.*

**I, the undersigned, have read and understand the above statement. I am the contractor in charge or authorized agent for the contractor in charge.**

Print: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Permit #: \_\_\_\_\_

## Town of Hilton Head Island Mechanical Certification of Work to be Performed

### Note

- The Mechanical Certificate is required **before work begins** in PLUMBING, ELECTRICAL or HVAC
- All information on the form is required. Only **completed forms** will be accepted.

*State Mechanical License (Residential & Commercial)*  
# \_\_\_\_\_ License Group: \_\_\_\_\_

*Municipal Assoc License (Residential)*  
# \_\_\_\_\_

**Business License #**

Work Site: \_\_\_\_\_ (as it appears on the permit)  
 Owner: \_\_\_\_\_  
 Contractor: \_\_\_\_\_

Description of work to be performed by mechanical contractor:

- Electrical \_\_\_\_\_ Electric Service Size \_\_\_\_\_  
 Plumbing \_\_\_\_\_  
 Heating and Air \_\_\_\_\_ Heat Pump Size \_\_\_\_\_

I, am the **Owner** or **Authorized Agent** of \_\_\_\_\_  
*Company Name*

*The Electrical or Heating and Air Conditioning or Plumbing work as described above shall be installed in accordance all applicable codes.*

\_\_\_\_\_  
*Name (PRINT)*

\_\_\_\_\_  
*Notary Public (PRINT)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

Date: \_\_\_\_\_

Date: \_\_\_\_\_

State: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

Permit #: \_\_\_\_\_

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# \_\_\_\_\_

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 Owner: \_\_\_\_\_  
 Contractor: \_\_\_\_\_

Description of work to be performed by mechanical contractor:

- Electrical \_\_\_\_\_ Electric Service Size \_\_\_\_\_
- Plumbing \_\_\_\_\_
- Heating and Air \_\_\_\_\_ Heat Pump Size \_\_\_\_\_

I, am the Owner or Authorized Agent of \_\_\_\_\_  
*Company Name*

*The Electrical or Heating and Air Conditioning or Plumbing work as described above shall be installed in accordance all applicable codes.*

\_\_\_\_\_  
*Name (PRINT)*

\_\_\_\_\_  
*Notary Public (PRINT)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

Date: \_\_\_\_\_

Date: \_\_\_\_\_

State: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

Permit #: \_\_\_\_\_

## Town of Hilton Head Island Mechanical Certification of Work to be Performed

### Note

- The Mechanical Certificate is required **before work begins** in PLUMBING, ELECTRICAL or HVAC
- All information on the form is required. Only **completed forms** will be accepted.

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# \_\_\_\_\_ License Group: \_\_\_\_\_

Municipal Assoc License (Residential)  
# \_\_\_\_\_

**Business License #**

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 Owner: \_\_\_\_\_  
 Contractor: \_\_\_\_\_

Description of work to be performed by mechanical contractor:

- Electrical \_\_\_\_\_ Electric Service Size \_\_\_\_\_  
 Plumbing \_\_\_\_\_  
 Heating and Air \_\_\_\_\_ Heat Pump Size \_\_\_\_\_

I, am the **Owner** or **Authorized Agent** of \_\_\_\_\_  
*Company Name*

*The Electrical or Heating and Air Conditioning or Plumbing work as described above shall be installed in accordance all applicable codes.*

\_\_\_\_\_  
*Name (PRINT)*

\_\_\_\_\_  
*Notary Public (PRINT)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

Date: \_\_\_\_\_

Date: \_\_\_\_\_

State: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

Permit #: B \_\_\_\_\_

Job location: \_\_\_\_\_

**SUBCONTRACTOR ROSTER**

**Instructions:** Fill in the information in each column. All license numbers must be current. This form is required before the inspection for permanent service. A specialty contractor's license is not needed for commercial work. **Current business licenses are required.**

Owner name: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor name: \_\_\_\_\_ Business License # \_\_\_\_\_

**PRINT ALL INFORMATION**

TRADE	CONTRACTOR COMPANY NAME	License holders name	HHI BUSINESS LICENSE #	SC STATE CONTR LICENSE#
Electrician				
Plumber				
HVAC				
Roofer				
Foundation				
Masonry				
Steel				
Vinyl/aluminum siding				
Stucco				
Insulation				
Sheet rock/drywall				
Carpentry-framing				
Carpentry - interior trim				
Cabinets				
Painting				
Iron railings				
Wallpaper				
Tile work				
Equipment				
Elevator				
Factory fireplace				NA
Glass				NA
Building Sprinkler				
Alarm system				
Gas				

**For use with: Single Family Permit  
Applications (1 & 2 Family Dwellings)**

PERMIT #: \_\_\_\_\_

**TOWN OF HILTON HEAD ISLAND – COMMUNITY DEVELOPMENT DEPARTMENT  
WINDOW AND DOOR DP RATINGS PER - 2006 INTERNATIONAL RESIDENTIAL CODE  
\*This form is required for any construction that includes new or replacement window(s)/door(s)**

DESIGN PRESSURE VALUES LISTED IN TABLE ARE POUNDS / SQ FT (PSF)

**ZONE 5 = ALL WINDOWS / DOORS THAT ARE 4 FT OR CLOSER TO A CORNER**

**ZONE 4 = ALL OTHER WINDOWS / DOORS**

*Enter number of windows and check the APPLICABLE boxes*

**WIND ZONE – INLAND 130 MPH (B EXPOSURE)  
BASIC WIND ZONE (MPH 3 SECOND GUST)**

Mean Roof Height	ZONE (4)	# OF WINDOWS	# OF DOORS	# OF SKY LIGHTS	ZONE (5)	# OF WINDOWS	# OF DOORS	# OF SKY LIGHTS
<input type="checkbox"/> 15'	<input type="checkbox"/> DP 35				<input type="checkbox"/> DP 45			
<input type="checkbox"/> 20'	<input type="checkbox"/> DP 35				<input type="checkbox"/> DP 45			
<input type="checkbox"/> 25'	<input type="checkbox"/> DP 35				<input type="checkbox"/> DP 45			
<input type="checkbox"/> 30'	<input type="checkbox"/> DP 35				<input type="checkbox"/> DP 45			
<input type="checkbox"/> 35'	<input type="checkbox"/> DP 35				<input type="checkbox"/> DP 45			
<input type="checkbox"/> 40'	<input type="checkbox"/> DP 40				<input type="checkbox"/> DP 45			
<input type="checkbox"/> 45'	<input type="checkbox"/> DP 40				<input type="checkbox"/> DP 50			
<input type="checkbox"/> 50'	<input type="checkbox"/> DP 40				<input type="checkbox"/> DP 50			

**WIND ZONE – OCEANFRONT 130 MPH (C EXPOSURE)  
BASIC WIND SPEED (MPH 3 SECOND GUST)**

Mean Roof Height	ZONE (4)	# OF WINDOWS	# OF DOORS	# OF SKY LIGHTS	ZONE (5)	# OF WINDOWS	# OF DOORS	# OF SKY LIGHTS
<input type="checkbox"/> 15'	<input type="checkbox"/> DP 40				<input type="checkbox"/> DP 50			
<input type="checkbox"/> 20'	<input type="checkbox"/> DP 45				<input type="checkbox"/> DP 55			
<input type="checkbox"/> 25'	<input type="checkbox"/> DP 45				<input type="checkbox"/> DP 55			
<input type="checkbox"/> 30'	<input type="checkbox"/> DP 50				<input type="checkbox"/> DP 60			
<input type="checkbox"/> 35'	<input type="checkbox"/> DP 50				<input type="checkbox"/> DP 60			
<input type="checkbox"/> 40'	<input type="checkbox"/> DP 50				<input type="checkbox"/> DP 65			
<input type="checkbox"/> 45'	<input type="checkbox"/> DP 55				<input type="checkbox"/> DP 65			
<input type="checkbox"/> 50'	<input type="checkbox"/> DP 55				<input type="checkbox"/> DP 65			

**Type of Protection for Openings**

- High impact glass
- Approved shutters

Type of shutters/other

U Value: \_\_\_\_\_

Solar Heat Gain Co-efficient: \_\_\_\_\_

**See next page for details**

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

**FOR SOUTH CAROLINA  
PRESCRIPTIVE PATH FOR COMPLIANCE WITH THE 2006 IECC**

**WINDOWS AND INSULATION**

**FOUNDATION TYPE**

Package	Window U-Factor	Skylight U-Factor	Window and Skylight SHGC	Ceiling R-Value	Wood Frame Wall R-Value	Mass Wall R-Value		Floor R-Value	Basement Wall R-Value	Slab R-Value And Depth	Crawl Space Wall R-Value
Climate Zone 3	0.65	0.65	0.40	R-30	R-13	R-5		R-19	R-0	R-0	R-5/13

**NOTES:**

This table applies to new construction as well as additions, alterations and replacement windows and is based upon the envelope performance requirements for Climate Zone 3, Table 402.1 in the 2006 IECC, and does not reflect any state-specific amendments to the IECC. This table applies to residential buildings, as defined in the IECC, with wood framing and/or mass walls. For steel-framed buildings, refer to Section 402.24 of the IECC.

Window refers to any translucent or transparent material (i.e., glazing) in exterior openings of buildings, including skylights, sliding glass doors and glass block, along with the accompanying sashes, frames, etc.

Window and skylight U-factor and SHGC values are maximum acceptable levels. An area-weighted average of fenestration products shall be permitted to satisfy the U-Factor and SHGC requirements. Window U-Factor and SHGC must be determined from a National Fenestration Rating Council (NFRC) label on the product or from a limited table of product default values in the IECC. Up to 15 square feet of glazed fenestration is permitted to be exempt from the U-factor and SHGC requirements.

The code requires that window be labeled in a manner to determine that they meet the IECC's air infiltration requirements; specifically, equal to or better than 0.30 cfm per square foot of window area (swinging doors below 0.50 cfm) as determined in accordance with the NFRC 400 or AAMA/WDMA/CSA 101/LS.2/A440 by an accredited, independent laboratory.

Opaque exterior doors must meet the window U-Factor requirements. One exempt door is allowed.

Insulation R-values are minimum acceptable levels; R-19 shall be permitted to be compressed into a 2x6 cavity. R-Values for walls represent the sum of cavity insulation plus insulated sheathing. If any.

If structural sheathing covers 25% or less of the exterior, insulated sheathing is not required where structural sheathing is used. If structural sheathing covers more than 25% of the exterior, structural sheathing shall be supplemented with insulated sheathing of at least R-2.

Supply and return ducts shall be insulated to a minimum of R-8. ducts in floor trusses shall be insulated to a minimum of R-6.

**EXCEPTION:** Ducts or portions thereof located completely inside the thermal building envelope.

Where there are 2 different values for basement and crawl space insulation requirements, the first R-value shall only apply to unventilated crawl spaces; \$-5 shall be added to the required slab edge R-Values for heated slabs; and floors over outside air must meet ceiling requirements.

The Code requires the HVAC system to be properly sized using a procedure like ACCA Manual J.