

COMMUNITY DEVELOPMENT DEPARTMENT  
**NON-SINGLE FAMILY USES**  
**BUILD BACK WHAT EXISTED PRIOR TO DISASTER**  
**DPR-ITR APPLICATION FORM**  
TOWN OF HILTON HEAD ISLAND

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Please TYPE or PRINT legibly

NAME OF DEVELOPMENT \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
ZONING DISTRICT \_\_\_\_\_ OVERLAY DISTRICT \_\_\_\_\_  
TAX DISTRICT \_\_\_\_\_ MAP \_\_\_\_\_ PARCEL (S) \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX# \_\_\_\_\_

**APPLICATION REQUIREMENTS:**

- COMPLETED & SIGNED APPLICATION FORM
- 2 COPIES OF DEVELOPMENT PLAN REVIEW (DPR) NOTICE OF ACTION & APPROVED PLANS **OR:**
  - 2 COPIES OF AN AS-BUILT SURVEY
  - 2 COPIES OF AN APPROVED FLOOR PLAN SHOWING SQUARE FOOTAGE
  - 2 COPIES OF TOWN OR COUNTY APPROVED ELEVATION DRAWINGS
- IF LOCATED WITHIN THE CORRIDOR OVERLAY DISTRICT:*
  - 2 COPIES OF DESIGN REVIEW BOARD (DRB) NOTICE OF ACTION & APPROVED PLANS **OR:**
    - 2 COPIES OF DRB APPROVED ELEVATION DRAWINGS OR COLOR PHOTOS OF ALL FACADES PRIOR TO DISASTER
    - 2 COPIES OF COLOR INFORMATION OF FACADES IN THE FORM OF NAMES & CODES, CHIPS OR SAMPLES, OR COLOR PHOTOS WITH DESCRIPTIONS

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.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**FOR OFFICIAL USE ONLY**

DATE RECEIVED: \_\_\_\_\_  
ACCEPTED BY: \_\_\_\_\_

TIME: \_\_\_\_\_  
MASTER TRACKING NUMBER: \_\_\_\_\_