

COMMUNITY DEVELOPMENT DEPARTMENT
NON-SINGLE FAMILY USES
BUILD BACK TO CURRENT REGULATIONS
DPR-ITR APPLICATION FORM
TOWN OF HILTON HEAD ISLAND

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 OR AN AFFIDAVIT FROM OWNER OF RECORD CONFIRMING SQUARE FOOTAGE
 - 2 COPIES OF TOWN OR COUNTY APPROVED ELEVATION DRAWINGS OR AN AFFIDAVIT FROM OWNER OF RECORD STATING COMPLAINEE WITH HEIGHT REGULATIONS
- 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: _____

TIME: _____

ACCEPTED BY: _____

MASTER TRACKING NUMBER: _____