

TOWN OF HILTON HEAD ISLAND
Substantial Damage / Substantial Improvement Over 40% Application

Application Number:		
Owner		Contractor
Property Address		Contact Phone Number
D/M/P R	Flood Zone _____ FEC: Y <input type="checkbox"/> N <input type="checkbox"/> Elevation of existing structure:	Year built:
Value of Structure only		Total Value of Construction <i>include all renovations, additions, reconstructions and demolitions, overhead and profit</i>
Tax Records \$	Certified Appraisal \$	\$
<p>Complete narrative description of work to be performed including demolition</p> <p>Complete the estimates on page 2 of this form</p> <p><i>The value associated with the demolition of building components, systems and materials will be taken into consideration in reviewing this application.</i></p> <p><i>The total value of the new construction must include labor, overhead, profit and any miscellaneous costs.</i></p>		
Electrical Work \$	Description	
Plumbing Work \$	Description	
HVAC Work \$	Description	

Items	Value Labor and Material
Spread or continuous foundations, footings, pilings	\$
Monolithic or other concrete slabs	\$
Bearing walls, tie beams, trusses	\$
Floors, ceilings	\$
Attached decks, porches	\$
Interior partition walls	\$
Exterior wall finishes (brick, stucco, siding, painting, decorative moldings)	\$
Windows, doors	\$
Re-shingling, retiling roof, sheathing, rafters	\$
Hardware	\$
Interior tiling, linoleum, stone, carpet	\$
Bathroom tiling, fixtures	\$
Wall finishes (drywall, painting, stucco, plaster, paneling, marble, decorative finishes)	\$
Kitchen, utility and bathroom cabinets	\$
Built-in bookcases, cabinets , appliances or furniture	\$
Hardware	\$
HVAC equipment, duct work	\$
Repair or reconstruction of plumbing and electrical	\$
Security systems, fire systems, central vacuum systems, auto motion systems	\$
Water filtration, conditioning, or recirculation systems	\$
Costs associated with removing or altering building components (demolition)	\$
Miscellaneous costs (Include the value of all labor, materials, overhead and profits in this figure)	\$
TOTAL	\$

TOWN OF HILTON HEAD ISLAND
Substantial Damage/Improvement Determination
Repair/Reconstruction Owner Affidavit

Parcel ID Number: R _____
Address of Property: _____ Building #: _____ Apt.# _____
Name of Owner: _____ Phone #: _____
Address of Owner: _____

I hereby attest to the fact that the repair/reconstruction detailed list submitted for the Substantial Damage/Improvement Review is total disclosure of the improvements that will be completed during this permitting process. No other contractor has or will perform repairs, reconstruction or remodeling not included on the list for this permit.

Total Value of Construction: \$ _____ (labor, materials, overhead, profit)

I also understand that I am subject to the enforcement actions and/or fines if inspection of the property reveals that I have made repairs or improvements **NOT INCLUDED ON THE LIST** or that I have included non-conforming or illegal structures/additions to the existing structure without having presented plans for such additions to the permit. I understand that any permit issued by this jurisdiction pursuant to this affidavit does not authorize the reconstruction, repair, or maintenance of any illegal additions, fences, sheds, or non-conforming uses of structures on the subject property.

Signature of Owner *Date*

State of _____
County of _____
Sworn and subscribed before me this _____ day of _____, 20 __,

Name (*Print*)

Signature of Notary Commission expires

TOWN OF HILTON HEAD ISLAND
Substantial Damage/Improvement Determination
Repair/Reconstruction Contractor Affidavit

Parcel ID Number: R _____
Address of Property: _____ Building #: _____ Apt.# _____
Name of Owner: _____ Phone #: _____
Address of Owner: _____
Name of Contractor: _____ Phone #: _____
Address of Contractor: _____
Contractor License#: _____ Type of License: _____

I hereby attest to the fact that the repair/reconstruction detailed list submitted for the Substantial Damage/Improvement Review is total disclosure of the improvements that will be completed during this permitting process. No other contractor has or will perform repairs, reconstruction or remodeling not included on the list for this permit.

Total Value of Construction: \$ _____ (labor, materials, overhead, profit)

I also understand that I am subject to the enforcement actions and/or fines if inspection of the property reveals that I have made repairs or improvements **NOT INCLUDED ON THE LIST** or that I have included non-conforming or illegal structures/additions to the existing structure without having presented plans for such additions to the permit. I understand that any permit issued by this jurisdiction pursuant to this affidavit does not authorize the reconstruction, repair, or maintenance of any illegal additions, fences, sheds, or non-conforming uses of structures on the subject property.

Signature of Contractor *Date*

State of _____
County of _____
Sworn and subscribed before me this _____ day of _____, 20 __,

Name (*Print*)

Signature of Notary Commission expires _____