

**SHIPYARD ARB**  
Application for Plans Review  
Major Construction & All Renovations

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

Construction Address (Legal): \_\_\_\_\_  
Lot #, Street, Plat

**Owner**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ Cellular: \_\_\_\_\_

**Architect**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ Cellular: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ Cellular: \_\_\_\_\_

**General Contractor**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ Cellular: \_\_\_\_\_

**Landscape Contractor**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_ Cellular: \_\_\_\_\_

**APPLICANTS MUST COMPLY WITH ALL REQUIREMENTS OF SHIPYARD.**

**1. Application is for:**

New Residence

Exterior Alteration/Addition. Any change to an existing home and/or outbuildings, which alters the external envelope of the structure(s) or compound, or addition of a bulkhead or horizontal construction such as decks, pools, patios, etc.

Interior Alteration. Any change to an existing home but no envelope change, or extensive internal remodeling.

Minor Change. An addition or alteration of minor nature/cost: external repainting; roof, window or door replacement; added or expanded service yard; major landscaping changes. (Minor landscaping changes, tree pruning and internal remodeling not requiring a Hilton Head Town Building Permit do not require approval).

2. Type of Submission:

Schematic  Conceptual  Final  Color Samples

Other: \_\_\_\_\_

3. Use of Home:  Current owner residence  Resale  Rental

4. Estimated cost of the project: \$ \_\_\_\_\_ 5. Estimated date of completion: \_\_\_\_\_

6. Fee Enclosed: \$ \_\_\_\_\_ 7. Proposed Building Data:

ITEM	SQ. FOOTAGE	%
a. Developable Area (area within setbacks - shall not exceed 60% of total Lot size). <b>Include Square Footage and %.</b>		
b. Homesite Coverage Calculation (square footage and percentage of site impacted by any building footprints, driveways and any other vertical or horizontal improvements).		
c. Total Building Footprint (including decks, garage, etc.)		
d. Heated Area:		
Main Floor		
Second Floor		
Total Main House Heated Area		
Attached Addition First Floor		
Attached Addition Second Floor		
Total Attached Addition Heated Area		
Outbuilding		
Other		
e. Main Floor Elevation Above Mean Sea Level (MSL)		
f. Height of the Building Main Ridge Line		

8. Floor Plan Data:

No. of Bedrooms: \_\_\_\_\_

Garage Parking/No. Of Automobiles: \_\_\_\_\_

No. of Full Baths: \_\_\_\_\_

No. of Half Baths: \_\_\_\_\_

Bonus Room: \_\_\_\_\_

Potting Sheds: \_\_\_\_\_

Other Outbuildings: \_\_\_\_\_

9. Exterior Finishes:

Note: All of the following items must be specified and 8 ½ " x 11" sample boards included for **Preliminary Approval**. Larger color samples on the intended materials (wood siding, stucco, etc.) can be requested by the ARB. All vertical construction (includes hand/deck rails, stair risers, chimney screens, roof/wall vents, etc.) is to be painted/stained. Be specific- show manufacturer or brand name and number in the description column below.

Item	Material	Color	Description
Roofing	_____	_____	_____
Foundation	_____	_____	_____
Siding	_____	_____	_____
Fascia	_____	_____	_____
Trim	_____	_____	_____
Soffit	_____	_____	_____
Gutters	_____	_____	_____
Front Door	_____	_____	_____
Garage Door	_____	_____	_____
Other Doors	_____	_____	_____
Handrails	_____	_____	_____
Pickets	_____	_____	_____
Columns	_____	_____	_____
Windows & Frames	_____	_____	_____
Mullions	_____	_____	_____
Shutters	_____	_____	_____

Chimney	_____	_____	_____
Decks	_____	_____	_____
Driveway	_____	_____	_____
Walks/Patio	_____	_____	_____
Bulkhead	_____	_____	_____
Exposed Foundations	_____	_____	_____
Pool/Spa	_____	_____	_____
Pool/Spa Deck	_____	_____	_____
Pool/Spa Screening	_____	_____	_____
Other	_____	_____	_____

10. Description of Project if Addition or Alteration:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. The following is a contact person who may be contacted in the event of emergencies or other activities requiring an immediate response:

_____	_____
Name	Phone
_____	_____
Pager/Other	Cell Phone

12. I hereby certify that I have read the current Shipyard Plantation ARB Guidelines and that I have complied with all applicable parts of them, and that the information presented above is true and correct to the best of my knowledge.

Owner, Architect, General Contractor, and Landscape Contractor must sign application.

_____	_____	_____
Owner Signature	Date	Print Name
_____	_____	_____
Architect Signature	Date	Print Name

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Designer Signature

Date

Print Name

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General Contractor Signature

Date

Print Name

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Landscape Contractor Signature

Date

Print Name

ACCEPTED:

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Architectural Review Board

Date