



Palmetto Hall Architectural Review Board
Re-Roofing Permit Application

Date: _____

Owner: _____
Lot # _____
Address: _____
Telephone # _____
Email: _____

Contractor Name: _____
Address: _____
Telephone # _____
Emergency Phone# _____
Email: _____

The undersigned property owner (or Owner's representative) hereby requests PHARB approval to re-roof the residential structure at the above legal address.

EXISTING ROOFING: (Check one and complete)

_____ Wood Shake/Shingles _____ Asphalt/Fiberglass Shingles
 _____ Other (Describe)

Color: _____

PROPOSED ROOFING: (Check one and complete)

_____ No change in Color or Style _____ Asphalt/Fiberglass Shingles

Color: _____ Weight/square pound _____

Other (Describe) _____

Does this project require a dumpster on site? ____ Yes ____ No

Note: all dumpsters must be covered with tarp and fastened securely at the end of each work day.

I have attached a sample (8 ½ x 11") of the intended roofing material where indicated by a check mark above.

Please note that a Town of Hilton Head Island Roofing Permit is required and a copy provided to the PHARB before an ARB Roofing Permit will be issued.

Compliance Deposit is \$ _____

Submitted by: _____ Phone Number: _____
(Signature)