Date _____

HISTORIC DESIGNATION REQUEST FORM

I _____ (Owner/ Agent) request Historic Designation for the property located at
(Address)_____
TMS #_____.

Applicant Name _____
Address_____
City _____State _____ Zip _____
Phone _____
E-mail _____

_____
_____

For Office Use Only

Property Designation _____
Is property in Sullivan's Island Historic District _____
Is property in National Register District _____

Staff member _____ Date _____

Notes:

_____
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Please complete and return form to Randy Robinson, Building Official, at rrobinson@sullivansisland-sc.com or Town Hall, 1610 Middle Street (PO Box 427), Sullivan's Island, SC 29482 (Fax 843-883-3009) Mr. Robinson's direct number is (843) 883-5732

HDF 9/07