

# TOWN OF SULLIVAN'S ISLAND



## Residential Historic Determination Form

Date \_\_\_\_\_

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

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

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### **For Official 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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