

**The Design Review Board of Sullivan's
Island will
meet on July 15, 2009 at 6:00 at the Town
Hall**

Agenda

- 1. Approval of June 2009 minutes**
- 2. 2101 Pettigrew, gates**
- 3. 2205 Middle St. Accessory Structure
in Commercial district**
- 4. 2708 Goldbug, addition/alteration**
- 5. 2014 I'on Ave., Accessory structure**
- 6. 2213 Middle St., Review of
Certificate of Appropriateness**

**The Design Review Board of Sullivan's
Island will meet on July 15, 2009 at 6:00
at the Town Hall**

Addition to the agenda : discussion of future
staff approvals.

APPLICATION TO SULLIVAN'S ISLAND DESIGN REVIEW BOARD

1470 Middle Street • PO Box 427 • Sullivan Island, SC • 29942 • (843) 883-4138 (FORM A)

Project Address: 2101 Pettigrew Street
 Submission Date: 6/12/09
 Parcel ID (TMSA): 524-09-00-051

Requested Approval: (check ONE) Conceptual Preliminary Final

Check one:
 Submittal is outside the Historic District, not classified as a Historic Resource, and requests DRB review.
 Submittal is within the Historic District and is designated as Historic Resource.
 Submittal is outside the Historic District and is designated as Historic Resource.
 Submittal is within the Historic District and is not designated as Historic Resource.

Historic Survey #: _____ Historic Survey #: _____

Nature of Work: (circle all that apply)
 Accessory Structure Demolition / Relocation Addition / Alteration New Construction

Owner's Name: Luke + Laura Lewis Architect / Designer: Horling + Associates
 Address: _____ Contact #: 886-9199
 email: _____ email: Richard@horlingarchitect.com
 Contractor: Phillip W Smith G.C.
 Contact #: 881-9830
 email: Tony@phillipwsmithcontractor.com

Enter a brief Description of the Project and Scope of Work to be Performed:
To install an electronic gate at driveway. Will have 2 posts, 1 on each end, and it will be a double gate opening in towards House.

I (We) submit that the above information is true to the best of my (Our) knowledge.
 Tony Reilly
 Agent Applicant Name
 TRL
 Applicant Signature

If Owner is not Applicant:
 I (We) hereby appoint the person named as Applicant as my (Our) agent to represent me (Us) in this application.
 [Signature]
 Agent's Signature

Fee Received By: _____
 Check # _____

Sullivan's Island Design Review Board last modified September 20, 2002

PROPOSED PEDESTRIAN WALKWAY SOUTH SIDE OF MIDDLE ST

We are asking for the approval of the creation of a pedestrian walkway from Station 22 to the parking area beside High Thyme some of which already exists. We are asking the immediate approval of the walkway in front of the offices between Home Team BBQ and the Station 22 Restaurant porch. The walkway exists from Sta 22 (the street) to the E end of the Sta 22 porch. Eventually we want the walkway to continue in front of Home Team BBQ, the dentist's office, and the building at 2213C. Currently pedestrian are walking on the street side of the parked cars creating a hazardous situation. Creating a defined continuous pedestrian walkway will help alleviate this situation.

FINAL SUBMITTAL CHECKLIST
Sullivan's Island Design Review Board

1610 Middle Street • PO Box 427 • Sullivan's Island, SC • 29482 • (843) 883-3188

Project Address: 2708 GOLDBUG AVE
Submittal Date: 6/19/09
Meeting Date: 7/15/09

Requested Approval:	<input type="checkbox"/> Conceptual	<input type="checkbox"/> Preliminary	<input checked="" type="checkbox"/> Final
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Final Review: All Applicants are strongly encouraged to submit for Conceptual Review prior to submitting for Final Review. Only the simplest of requests is likely to pass final review without having first received Conceptual Approval. Please submit all items as requested. **Incomplete submittals will be returned to the applicant and the project will not be part of the meeting Agenda.**

The following items shall be included in the Final Submittal:

- Application fee (checks payable to Sullivan's Island Design Review Board)
- Completed Application to Sullivan's Island Review Board form (FORM A)
- Completed Sullivan's Island DRB Request for Review form (FORM B)
- Completed Zoning Standards Compliance Worksheet (FORM C)
- Eleven (11) sets of Drawings, 11" x 17" size. Drawings to include: **24"x36" FOR CLARITY.**
 - A current As-Built Survey, Certified by a S.C. Registered Land Surveyor [1/16" = 1'-0" OR 1" = 20'-0" scale] Required for all new construction and for work which expands or is outside of an existing building footprint, illustrating the following:
 - All applicable Flood Zone information
 - Setbacks, Property Lines, and Easements
 - Spot elevations required to comply with Section 21-24
 - OCRM Critical Lines, if applicable
 - Trees
 - Location of HVAC/ Equipment stands and electrical meter
 - Driveways, guest parking, garage back-up areas
 - Site Plan [1/16" = 1'-0" OR 1" = 20'-0" scale], illustrating the following:
 - Existing Structures, if applicable
 - Proposed new structures
 - All applicable survey information *(see as-built survey requirements)*
 - Floor Plans [1/8" = 1'-0" scale], with the following requirements:
 - Exterior dimensions for exterior walls and porches
 - Graphically depict the outlines of heated space, covered porches and open decks.
 - In the case of Renovations and/or Additions, the outlines of existing and new construction must also be shown.
 - Exterior Elevations [1/8" = 1'-0" scale], with the following requirements:
 - All exterior materials such as wood, stucco, roofing and / or masonry shall be graphically represented for intent.
 - Elevations must be rendered with shadows depicting roof and / or deck overhangs, changes in wall plane, or massing. Devoid of any graphically depicted landscape.
 - Roof ridge heights and Finished Floor Elevation (FFE) and their relationship to FEMA Base Flood Elevation (BFE)
 - Additional front yard setback shown on both side elevations for clarity.
 - Optional:
 - 3-D perspective sketches and / or models are encouraged.
 - Any relevant photographs or documentation that might be descriptive.

**APPLICATION
TO SULLIVAN'S ISLAND DESIGN REVIEW BOARD**

1610 Middle Street • PO Box 427 • Sullivan's Island, SC • 29482 • (843) 883-3198

(FORM A)

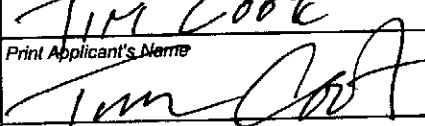
Project Address: 2708 GOLDBUG AVE
 Submittal Date: 6/19/09
 Meeting Date: 7/15/09 Parcel I.D. (TMS#): 529-07-00-004
 Requested Approval: (check ONE) Conceptual Preliminary Final

Check one: Submittal is *outside* the Historic District, not classified historic, and requests DRB relief. Submittal is *within* the Historic District and is: _____ designated as Historic Resource _____ not designated as Historic Resource Historic Survey #: _____ Submittal is *outside* the Historic District and is: designated as Historic Resource Historic Survey #: 50

Nature of Work: (circle all that apply)
 Accessory Structure Demolition / Relocation Addition / Alteration New Construction

Owner's Name: TIM COOK Architect / Designer: _____
 Address: 2870 JASPER BLVD Contact #: _____
SULLIVANS IS email: _____
 email: 2870jaspar@comcast.net Contractor: _____
 Contact #: 843 693 4477 Contact #: _____
 email: _____

Enter a Brief Description of the Project and Scope of Work to be Performed:
PROVIDE ADDITIONAL INFORMATION TO THE DRB REGARDING MATERIALS TO BE USED ON THE EXISTING COTTAGE AND PROVIDE CLARITY ABOUT EXISTING ROOF LINES AND THE POSITIONING OF THE EXISTING COTTAGE W/IN THE NEW FOOTPRINT.

<p>I (We) submit that the above information is true to the best of My (Our) knowledge. <u>TIM COOK</u> Print Applicant's Name  Applicant Signature</p>	<p>If Owner is not Applicant: I (We) hereby appoint the person named as Applicant as My (Our) agent to represent Me (Us) in this application. _____ Owner's Signature</p>	<p>Fee Received by _____ _____ check # _____</p>
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REQUEST FOR REVIEW FORM (FORM B)

Sullivan's Island Design Review Board

1610 Middle Street • PO Box 427 • Sullivan's Island, SC • 29482 • (843) 883-3198

Project Address: 2708 GOLD BUGS AVE

Submittal Date: 6/19/09

Meeting Date: 7/15/09

BREAKDOWN OF LOT COVERAGES

Total Lot Size in Square Feet:	<u>20,741</u> sf
Lot Width:	<u>105.44</u>
Lot Depth:	<u>195.44</u>
Flood Zone / Base Flood Elevation:	<u>AE 13</u>

Principal Building Footprint:	<u>3695</u> sf
Accessory Building Footprint:	<u>—</u> sf
Total Principal Bldg. Coverage Area: (Principal Building plus Accessory Structure)	<u>3695</u> sf

Principal Building Coverage Area	<u>3695</u> sf
Covered Porches:	<u>1322</u> sf
Open Decks / Steps:	<u>122</u> sf
Pool / Patio:	<u>468</u> sf
Drives / Walks:	<u>—</u> sf
Other Impervious Coverage	<u>—</u> sf
Total Impervious Coverage	<u>5607</u> sf

First Floor	<u>3695</u> sf
Second Floor	<u>259</u> sf
Third Floor	<u>—</u> sf
Accessory Building	<u>—</u> sf
Total Principal Building Square Footage: (Principal Building plus Accessory Structure)	<u>3954</u> sf

EXTERIOR MATERIALS

(REQUIRED FOR PRELIMINARY AND FINAL SUBMITTALS ONLY)

* REQUIRED FOR ALL PROJECTS WITHIN HISTORIC DISTRICT AND / OR THOSE HOMES DESIGNATED HISTORIC OUTSIDE OF THE HISTORIC DISTRICT

Foundation: <u>CONC PIERS</u>	Roof: <u>METAL OR SHINGLE</u>
Walls: <u>WOOD SIDINGS</u>	Windows: <u>CLAD WOOD</u>
Trim: <u>WOOD</u>	Doors: <u>WOOD</u>

Sec. 21-111 Standards of Neighborhood Compatibility

NOTE: Particular attention will be paid to the Standards of Neighborhood Compatibility. Please include a narrative addressing these standards or be prepared to address in depth at presentation. If including narrative, please use the following sheet.

(check all that apply) Narrative attached Will discuss at presentation Not Applicable

ZONING STANDARDS COMPLIANCE WORKSHEET (FORM C)

Sullivan's Island Design Review Board

1610 Middle Street • PO Box 427 • Sullivan's Island, SC • 29482 • (843) 883-3198

Project Address: 2708 GOLDBUG AVE
 Submittal Date: 6/19/09
 Meeting Date: 7/15/09

		Zoning Ordinance Reference Section	Zoning Standard	✓ if meets standard	DRB's Max. Authority for Relief	Applicant's Request for Relief in Ft./ Sq. Ft.	Percent (%) Relief Requested	Total Allowed + Requested Relief (SF)
SETBACKS	A	21-22 Front Setback	25 feet	✓	15% (3.75')			
	B	21-22 Additional Front Yard Setback	45° above 20'	—	15%			
	C	21-22 Side Setback	Per lot; Enter Result: <u>15</u> min.: <u>40</u> comb.	✓	25%			
	D	21-22 Side Setback 2nd Floor Setback	2 feet	✓	100%			
	E	21-22 Rear Setback	25 feet	✓	None			
LOT COVERAGE	F	21-25 Principal Building Coverage	as per formula: Enter Result <u>3081</u> sf		20% <u>616</u> sf	<u>614</u>	<u>20%</u>	<u>3695</u> PREVIOUSLY APPROVED
	G	21-26 Impervious Coverage	as per formula: Enter Result _____ sf	✓	20% <u>Grass Pavers</u> _____ sf			
	H	21-27 Principal Building Square Footage	as per formula: Enter Result <u>3954</u> sf	✓	20% <u>25%</u> _____ sf			
	I	21-28 Third Story	as per formula: Enter Result _____ sf	NA	20% <u>15%</u> _____ sf			
DESIGN STANDARDS	J	21-29 Principal Building Front Façade	as per formula: Enter Result _____ sf	✓	100%			
	K	21-29 Principal Building Side Façade	as per formula: Enter Result _____ sf	✓	100%			
	L	21-30 Building Orientation	Towards ocean, excluding marsh and ocean lots	✓	Adjust for Neighborhood Compatibility			
	M	21-30 Bldg. Foundation Height	3 feet above Base Flood Elev. To Finished First Floor		1 foot	<u>EXISTING NON CONFORMITY FLOOR OVER GARAGE APPROVED BZA 1/10/08</u>		
	N	21-32 Foundation Enclosure	Check Ordinance	✓	Adjust for Neighborhood Compatibility			
	O	21-34 Site Lighting	Check Ordinance	✓	Adjust for Neighborhood Compatibility			

**APPLICATION
TO SULLIVAN'S ISLAND DESIGN REVIEW BOARD**
1610 Middle Street • PO Box 427 • Sullivan's Island, SC • 29482 • (843) 883-3198
(FORM A)

Project Address: 2014 Ion Avenue
 Submittal Date: _____
 Meeting Date: _____ Parcel I.D. (TMS#): _____

Requested Approval: (check ONE) Conceptual Preliminary Final

Check one:

Submittal is *outside* the Historic District, not classified historic, and requests DRB relief.

Submittal is *within* the Historic District and is:
 _____ designated as Historic Resource
 _____ not designated as Historic Resource
 Historic Survey #: _____

Submittal is *outside* the Historic District and is:
 _____ designated as Historic Resource
 Historic Survey #: _____

Nature of Work: (circle all that apply)

Accessory Structure Demolition / Relocation Addition / Alteration New Construction

Owner's Name: Donna / Kelly Molony Architect / Designer: Carl McLants
 Address: 2014 Ion Ave Contact #: _____
Sullivan's Island email: _____
 email: _____ Contractor: Dale McBrearily
 Contact #: 843-883-3916 Contact #: 200-5829
 email: _____

Enter a Brief Description of the Project and Scope of Work to be Performed:

would like to move proposed pool house to 6' off property line, versus 10' as passed.

<p><i>I (We) submit that the above information is true to the best of My (Our) knowledge.</i></p> <p><u>Donna Molony</u> <small>Print Applicant's Name</small></p> <p><u>Donna Molony</u> <small>Applicant Signature</small></p>	<p>If Owner is not Applicant: <i>I (We) hereby appoint the person named as Applicant as My (Our) agent to represent Me (Us) in this application.</i></p> <p><u>Donna Molony</u> <small>Owner's Signature</small></p>	<p>Fee Received by _____</p> <p>check # _____</p>
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**APPLICATION
TO SULLIVAN'S ISLAND DESIGN REVIEW BOARD
(FORM A)**

1610 Middle Street • PO Box 427 • Sullivan's Island, SC • 29482 • (843) 883-3198

Project Address: Middle St Seels/OH The Hook
 Submittal Date: 6/25/09
 Meeting Date: 7/15/09 Parcel I.D. (TMS#): _____

Requested Approval: (check ONE) Conceptual Preliminary Final

Check one:

Submittal is **outside** the Historic District, not classified historic, and requests DRB relief.

Submittal is **within** the Historic District and is:
 _____ designated as Historic Resource
 _____ not designated as Historic Resource
 Historic Survey #: _____

Submittal is **outside** the Historic District and is:
 _____ designated as Historic Resource
 Historic Survey #: _____

Nature of Work: (circle all that apply) Parking

Accessory Structure Demolition / Relocation Addition / Alteration New Construction

Owner's Name: _____ Architect / Designer: _____
 Address: _____ Contact #: _____
 email: _____ email: _____
 Contractor: _____
 Contact #: _____ Contact #: _____
 email: _____ email: _____

Enter a Brief Description of the Project and Scope of Work to be Performed:
Review of Cot A previously granted
Review of Valet parking or customer parking
Review of parking agreement between Durst & Seels

I (We) submit that the above information is true to the best of My (Our) knowledge. <u>Randy Robinson</u> Print Applicant's Name	If Owner is not Applicant: I (We) hereby appoint the person named as Applicant as My (Our) agent to represent Me (Us) in this application.	Fee Received by _____
<u>[Signature]</u> Applicant Signature	<u>N/A Registered Letter</u> <u>Sent to Harry Seels</u> Owner's Signature	check # _____