



**TOWN OF BLUFFTON
MAJOR SUBDIVISION APPLICATION**

Growth Management Customer Service Center
20 Bridge Street
Bluffton, SC 29910
(843)706-4522
www.townofbluffton.sc.gov
applicationfeedback@townofbluffton.com

Applicant		Property Owner	
Name:		Name:	
Phone:		Phone:	
Mailing Address:		Mailing Address:	
E-mail:		E-mail:	
Town Business License # (if applicable):			
Project Information			
Project Name:		<input type="checkbox"/> New	<input type="checkbox"/> Amendment
Project Location:			
Zoning District:		Acreage:	
Tax Map Number(s): R_ - - - - - ; R_ - - - - - R_ - - - - - ; R_ - - - - -			
Project Description:			
Minimum Requirements for Submittal			
<input type="checkbox"/> 1. Two (2) full sized copies and digital files of the Subdivision Plan. <input type="checkbox"/> 2. Project Narrative and digital file describing reason for application and compliance with the criteria in Article 3 of the UDO. <input type="checkbox"/> 3. An Application Review Fee as determined by the Town of Bluffton Master Fee Schedule. Checks made payable to the Town of Bluffton.			
Note: A Pre-Application Meeting is required prior to Application submittal.			
Disclaimer: The Town of Bluffton assumes no legal or financial liability to the applicant or any third party whatsoever by approving the plans associated with this permit.			
I hereby acknowledge by my signature below that the foregoing application is complete and accurate and that I am the owner of the subject property. As applicable, I authorize the subject property to be posted and inspected.			
Property Owner Signature:		Date:	
Applicant Signature:		Date:	
For Office Use			
Application Number:		Date Received:	
Received By:		Date Approved:	