



TOWN OF BLUFFTON
NOTICE OF TERMINATION APPLICATION OF COVERAGE
UNDER NPDES FOR STORMWATER DISCHARGES

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:	
Project Information			
Project Name:			
Project Location Address:			
NPDES Coverage Number SCR10 ____-____-____		State File Number ____-____-____-____	
Tax Map Number(s): R____-____-____-____ ; R____-____-____-____			
Project Description:			
<p>If an NOT has been submitted and the construction site does not meet the criteria for termination, then the construction site remains subject to the provisions of the 2021 Construction General Permit</p>			
Minimum Requirements for Submittal:			
<ol style="list-style-type: none"> 1. Project Narrative and digital file describing reason for application and compliance with the criteria in Article 3 of the UDO. 2. Signed SCDHEC 2610 form. 3. As-Built for project 			
<p>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.</p>			
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			
<i>Application Number:</i>		<i>Date Received:</i>	
<i>Received By:</i>		<i>Date Approved:</i>	