



**TOWN OF BLUFFTON  
STORMWATER SURETY APPLICATION**

Growth Management Customer Service Center  
20 Bridge Street  
Bluffton, SC 29910  
(843)706-4500  
[www.townofbluffton.sc.gov](http://www.townofbluffton.sc.gov)  
[applicationfeedback@townofbluffton.com](mailto:applicationfeedback@townofbluffton.com)

<b>Applicant</b>		<b>Property Owner</b>	
Name:		Name:	
Phone:		Phone:	
Mailing Address:		Mailing Address:	
E-mail:		E-mail:	
Town Business License # (if applicable):			
<b>Project Information</b>			
Project Name:		<input type="checkbox"/> Performance	<input type="checkbox"/> Maintenance
Project Phase:		<input type="checkbox"/> Reduction	<input type="checkbox"/> Extinguish
Zoning District:		Surety Reference:	
Tax Map Number(s): R _____ - _____ - _____ ; R _____ - _____ - _____ R _____ - _____ - _____ ; R _____ - _____ - _____			
Project Description:			
<b>Minimum Requirements for Submittal</b>			
<input type="checkbox"/> 1. Engineering estimate and digital file for site improvement costs. <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. Payments shall be made to the Town of Bluffton. Payments can be made by check or via credit/debit card through the online <a href="#">Citizen Self Service Portal</a> .			
<b>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.</b>			
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:	
<b>For Office Use</b>			
Application Number:		Date Received:	
Received By:		Date Approved:	