



**TOWN OF BLUFFTON
SPECIAL EXCEPTION APPLICATION**

Growth Management Customer Service Center
20 Bridge Street
Bluffton, SC 29910
(843)706-4500
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:		Project Location:	
Zoning District:		Acreage:	
Tax Map Number(s):			
Project Description:			
Request:			
Mandatory Check In			
Minimum Requirements for Submittal			
<input type="checkbox"/> 1. Digital files of applicable plans and/or documents depicting the subject property. <input type="checkbox"/> 2. Recorded deed and plat showing proof of property ownership. <input type="checkbox"/> 3. Project Narrative describing reason for application and compliance with the criteria in Article 3.6 of the UDO. <input type="checkbox"/> 4. 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:	

