



**TOWN OF BLUFFTON
PRE APPLICATION MEETING REQUEST**

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			
Type of Application:		Project Name:	
Project Location:			
Tax Map Number(s): R_ _ _ - _ _ - _ _ _ _ _ _ _ _ ; R_ _ _ - _ _ - _ _ _ _ _ _ _ _ R_ _ _ - _ _ - _ _ _ _ _ _ _ _ ; R_ _ _ - _ _ - _ _ _ _ _ _ _ _			
Existing Use:		Proposed Use:	
Total Acreage:		Dwelling Units:	Total Square Footage:
Project Narrative:			
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:	