



**TOWN OF BLUFFTON  
ZONING PERMIT APPLICATION**

Growth Management Customer Service Center  
20 Bridge Street  
Bluffton, SC 29910  
(843) 706-4522  
www.townofbluffton.sc.gov  
[applicationfeedback@townofbluffton.com](mailto: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 Address:   |  |                  |  |
| Project Location:  |  |                  |  |
| Zoning District:   |  | Acreage:         |  |
| Tax Map Number(s): R _____ ; R _____<br>R _____ ; R _____  |  |                  |  |
| Project Description:   |  |                  |  |
| Minimum Requirements for Submittal   |  |                  |  |
| <input type="checkbox"/> 1. Narrative describing reason for application and compliance with applicable UDO standards.<br><input type="checkbox"/> 2. An Application Review Fee as determined by the Town of Bluffton Master Fee Schedule. Checks made payable to the Town of Bluffton. |  |                  |  |
| <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:            |  |
| For Office Use   |  |                  |  |
| Received By:   |  | Date Approved:   |  |
| Received By:   |  | Date Approved:   |  |



## TOWN OF BLUFFTON ZONING PERMIT APPLICATION PROCESS NARRATIVE

The following Process Narrative is intended to provide Applicants with an understanding of the respective application process, procedures and [Unified Development Ordinance \(UDO\)](#) requirements for obtaining application approval in the Town of Bluffton. While intended to explain the process, it is not intended to repeal, eliminate or otherwise limit any requirements, regulations or provisions of the Town of Bluffton's UDO. Compliance with these procedures will minimize delays and assure expeditious application review.

|   |                  |
|---|------------------|
| <b>Step 1. Application Submittal</b>  | <b>Applicant</b> |
| The Applicant shall submit the Zoning Permit Application and required submittal materials.  |                  |
| <b>Step 2. Review by UDO Administrator</b>  | <b>Staff</b>     |
| If the UDO Administrator determines that the Zoning Permit Application is complete, it shall be reviewed for compliance with the criteria and provisions in the UDO. The UDO Administrator may approve, approve with conditions, or deny the application. |                  |
| <b>Step 3. Issue Zoning Permit</b>  | <b>Staff</b>     |
| If the Zoning Permit Application is in compliance with the criteria and provisions in the UDO, the UDO Administrator shall issue the Zoning Permit.   |                  |