



**TOWN OF BLUFFTON  
STORMWATER POLLUTION  
PREVENTION PLAN APPLICATION**

Growth Management Customer Service Center  
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Applicant		Property Owner	
Name:		Name:	
Phone:		Phone:	
Mailing Address:		Mailing Address:	
E-mail:		E-mail:	
Town Business License # (if applicable):			
Plan Preparer		Watershed Information	
Name:		Name of Ultimate Receiving water:	
Phone:		Name of Nearest Receiving Waters:	
Mailing Address:		Distinct to Nearest Receiving Water:	
E-mail:		Acreage:	
Project Information			
Project Name:	<input type="checkbox"/> Pre-App	<input type="checkbox"/> Final	<input type="checkbox"/> DHEC Modified
Project Location:			
Zoning District:			
Tax Map Number(s): R_ _ - _ - _ - _ - _ ; R_ _ - _ - _ - _ - _			
Project Description:			

