



**TOWN OF BLUFFTON
ADDRESSING 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:			
Tax Map Number(s):			
Project Description:			
Minimum Requirements for Submittal			
<input type="checkbox"/> 1. Development and Subdivisions: One (1) paper copy of the original, stamped subdivision plat. OR Individual Property Owners: Copy of current Beaufort County Property Tax Bill.			
<input type="checkbox"/> 2. Project Narrative describing reason for application and compliance with the criteria in Article 3 of the UDO.			
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 application.			
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:	



TOWN OF BLUFFTON ADDRESSING APPLICATION PROCESS NARRATIVE

The following Process Narrative is intended to provide Applicants with an understanding of the respective application process, procedures Town of Bluffton Municipal Code, and the 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 Unified Development Ordinance. The Town of Bluffton's Mission and Vision Statements help navigate staff to ensure that the goals outlined by Town Council are being met. As each project is being reviewed, Town staff will use the Mission Statement, Vision Statement, The Covenant for Bluffton and the current Strategic Plan to guide their review. Compliance with these procedures will minimize delays and assure expeditious application review.

Step 1. Application Check-In Meeting	Applicant & Staff
Upon receiving input from Staff at the Pre-Application Meeting, the Applicant shall submit the Addressing Application and required submittal materials during a mandatory Application Check-In Meeting where the UDO Administrator or designee will review the submission for completeness.	
Step 2. Review by UDO Administrator	Staff
If the UDO Administrator or designee determines that the Addressing Application is complete, the application materials will be reviewed for compliance with the Town of Bluffton Municipal Code and the UDO. If the application is in compliance, the UDO Administrator or designee shall assign addresses as applicable.	