



**TOWN OF BLUFFTON  
ANNUAL BMP INSPECTION AND  
MAINTENANCE SUBMISSION FORM**

Growth Management Customer Service Center  
20 Bridge Street  
Bluffton, SC 29910  
(843)706-4500  
www.townofbluffton.sc.gov

[applicationfeedback@townofbluffton.com](mailto:applicationfeedback@townofbluffton.com)

Property Owner		Consultant	
Name:		Name:	
Phone:		Phone:	
Mailing Address:		Mailing Address:	
E-mail:		E-mail:	
Town Business License # (if applicable):			
Property Information			
Property Name:			
Property Location:			
Minimum Requirements for Submittal			
<input type="checkbox"/> 1. SECTION 1- CONTACT INFORMATION: The contact information for the property manager and UDO article 5 compliant report consultant. <input type="checkbox"/> 2. SECTION 2- PROJECT NARRATIVE: A detailed description of the size of the property, its location, development history, geologic conditions, current site conditions and a list of all site BMP. <input type="checkbox"/> 3. SECTION 3- MASTER DRAINAGE EXHIBIT: An exhibit identifying drainage infrastructure, with unique identifiers for each structural BMP, and flow patterns. <input type="checkbox"/> 4. SECTION 4- INDIVIDUAL BMP CHECKLIST: Each structural BMP require an inspection checklist and photographs with detailed descriptions of all structural BMPs and pertinent components integral to its operation, including but not limited to inlet/outlet control structures, downstream receiving channel/area, embankments and spillways, safety features, and vegetation. <input type="checkbox"/> 5. SECTION 6- RECOMMENDATIONS: A detailed list and timeline for remediation of IMMEDIATE CONSIDERATIONS and FUTURE CONSIDERATIONS of actions needed. <input type="checkbox"/> 7. An original signature and seal of the consulting registered South Carolina Professional Engineer or Landscape Architect. <input type="checkbox"/> 8. Submission must be made in digital format.			
<b>Disclaimer:</b>		<b>The Town of Bluffton assumes no legal or financial liability to the applicant or any third party whatsoever by accepting this report.</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:	
Consultant Signature:		Date:	
For Office Use			
Application Number:		Date Received:	
Received By:		Date Approved:	