



**TOWN OF BLUFFTON
SIGN PERMIT APPLICATION**

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:	
Sign Co. Town of Bluffton BL #:		Business's Town of Bluffton BL #:	
Project Information			
Project Name:			
Project Location:			
Zoning District:		Acreage:	<input type="checkbox"/> Temporary Sign
Tax Map Number(s): R_ _ _ _ _ ; R_ _ _ _ _ R_ _ _ _ _ ; R_ _ _ _ _			
Project Description:			
Minimum Requirements for Submittal			
<input type="checkbox"/> 1. Two (2) drawings or photographs of the proposed sign showing all elevations, dimensions, materials, and colors. <input type="checkbox"/> 2. For free-standing signs, two (2) drawings showing the property lines, proposed sign, dimensions, setbacks, required landscaping, and lighting. <input type="checkbox"/> 3. For building mounted signs, two (2) drawings or photographs of the sign on the building façade, showing the entire wall or tenant space façade, the sign location, dimensions, and existing signage. <input type="checkbox"/> 4. Letter of approval from ARB and/or POA, if applicable. <input type="checkbox"/> 5. Project Narrative describing reason for application and compliance with the criteria in Article 3 of the UDO. <input type="checkbox"/> 6. An Application Review Fee as determined by the Town of Bluffton Master Fee Schedule. Checks made payable to the Town of Bluffton.			
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:	