

ATTACHMENT 5



HENRY "HANK" JOHNSTON
Mayor

LISA SULKA
Mayor Pro Tempore

W.D. WORKMAN III
Town Manager

Council Members
CHARLES WETMORE
OLIVER BROWN
FRED HAMILTON JR.
SANDRA LUNCEFORD
Town Clerk

October 13, 2008

Hrs of Bessie Joiner
PO Box 21581
Hilton Head Island, SC 29928

RE: 209 Bluffton Rd (R610 039 00A 0021 0000) (survey # 107)

Dear Sir;

The Historic Preservation Commission and the Town of Bluffton Planning and Growth Management Staff are in the process of updating the Historic Resources Survey. According to Town records, a structure on your property was constructed in 1930 and therefore was listed as a contributing historic structure to the Old Town's Historic Preservation Overlay District on the 1994 Historic Resources survey.

The Historic Preservation Commission reviewed the proposed updates to the Historic Resources Survey at the September 3, 2008 meeting and recommended that your structure maintain its listing as an historic building. The updates to the Historic Resources Survey must be approved by Town Council at two (2) separate Town Council meetings. Town Council will vote on the proposed updates at the Council meetings on Tuesday October 21, 2008 and Thursday November 20, 2008. Both meetings will be held at 6:00 PM at Bluffton Town Hall.

Please contact me at (843) 706-4510 ext. 4521 if you have any questions regarding the survey.

Sincerely,

Maggie O'Brien
Community Preservation Planner

COPY

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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <i>Vernie Singleton</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>HRS OF BESSIE JOINER PO BOX 21581 HILTON HEAD ISLAND, SC 29928</p>		<p>B. Received by (Printed Name) <i>Vernie Singleton</i></p>	<p>C. Date of Delivery</p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7008 0500 0000 2554 7234</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	