



**TOWN OF BLUFFTON
PLANNED UNIT DEVELOPMENT (PUD)
MASTER PLAN 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: WITHER JONES KEEFER	Name: MILLSTONE VENTURES LLC		
Phone: 843 757 7411	Phone: 317. 694. 5114		
Mailing Address: 23 PROMENADE STREET	Mailing Address:		
E-mail: BRIAN@WJKLTD.COM	E-mail: OWEN@MILLSTONEMGMT.COM		
Town Business License # (if applicable):			
Project Information			
Project Name: BUCKWALTER CROSSROADS	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Amendment	
Project Location: HWY 170 + GIBBET RD.	Acreage: 21.922		
PUD Name: BUCKWALTER			
Tax Map Number(s):	2610 028 000 0921 0000		
Project Description: MULTI FAMILY, CONVENANCE STORE, PROFESSIONAL, RETAIL USES			
Minimum Requirements for Submittal			
<input checked="" type="checkbox"/> 1. Two (2) full sized copies and digital files of the Master Plan. <input type="checkbox"/> 2. Recorded deed and plat showing proof of property ownership. <input checked="" type="checkbox"/> 3. Project Narrative describing reason for application and compliance with the criteria in Article 3 of the UDO. <input type="checkbox"/> 4. An Application Review Fee as determined by the Town of Bluffton Master Fee Schedule. Checks made payable to the Town of Bluffton.			
Note: A Pre-Application Meeting is required prior to Application submittal.			
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: <i>Adrian Danumiller</i>		Date: 1/18/23	
Applicant Signature: <i>[Signature]</i>		Date: 1.18.23	
<i>For Office Use</i>			
Application Number:		Date Received:	
Received By:		Date Approved:	