



**TOWN OF BLUFFTON**  
**CERTIFICATE OF APPROPRIATENESS-**  
**HIGHWAY CORRIDOR OVERLAY (HCO)**  
**APPLICATION**

Growth Management Customer Service Center  
 20 Bridge Street  
 Bluffton, SC 29910  
 (843)706-4500  
[www.townofbluffton.sc.gov](http://www.townofbluffton.sc.gov)  
[applicationfeedback@townofbluffton.com](mailto:applicationfeedback@townofbluffton.com)

| Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Property Owner                                              |                                            |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|--------------------------------------------|--|--|
| Name: Josie Abrams                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Name: Beaufort Memorial Hospital                            |                                            |  |  |
| Phone: 843-452-9579                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Phone: 843-522-5366                                         |                                            |  |  |
| Mailing Address:<br>980 Mooring Drive; Charleston, SC 29412                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Mailing Address:<br>955 Ribaut Rd; Beaufort, SC 29902       |                                            |  |  |
| E-mail: josie@jsaarch.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | E-mail: Russell.Baxley@bmhsc.org                            |                                            |  |  |
| Town Business License # (if applicable): 26-01-1879                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                             |                                            |  |  |
| <b>Project Information</b> (tax map info available at <a href="http://www.townofbluffton.us/map/">http://www.townofbluffton.us/map/</a> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                             |                                            |  |  |
| Project Name: Beaufort Memorial May River Primary Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Conceptual: <input type="checkbox"/>                        | Final: <input checked="" type="checkbox"/> |  |  |
| Project Address: 2800 May River Xing; Bluffton, SC 29910                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Amendment: <input type="checkbox"/>                         |                                            |  |  |
| Zoning District: Jones Estate PUD / HCOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Application for:                                            |                                            |  |  |
| Acreage: 1.38                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input checked="" type="checkbox"/> New Construction        |                                            |  |  |
| Tax Map Number(s): R610-036-000-3212-0000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Renovation/Rehabilitation/Addition |                                            |  |  |
| Project Description: A new 5,000 square foot, one-story medical office building.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                             |                                            |  |  |
| <b>Minimum Requirements for Submittal</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                             |                                            |  |  |
| <input checked="" type="checkbox"/> 1. Mandatory Check In Meeting to administratively review all items required for conceptual submittal must take place prior to formal submittal.<br><input checked="" type="checkbox"/> 2. Digital files drawn to scale of the Site Plan(s) and Architectural Plan(s).<br><input checked="" type="checkbox"/> 3. Recorded deed and plat showing proof of property ownership.<br><input checked="" type="checkbox"/> 4. Project Narrative describing reason for application and compliance with the criteria in Article 3 of the UDO.<br><input checked="" type="checkbox"/> 5. Material samples and color swatches for all proposed materials.<br><input checked="" 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. |  |                                                             |                                            |  |  |
| <b>Note:</b> A Pre-Application Meeting is required prior to Application submittal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                             |                                            |  |  |
| <b>Disclaimer:</b> 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: 4/27/26                                               |                                            |  |  |
| Applicant Signature: Josie Abrams                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Date: 04/28/2026                                            |                                            |  |  |
| <b>For Office Use</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                             |                                            |  |  |
| Application Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Date Received:                                              |                                            |  |  |
| Received By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Date Approved:                                              |                                            |  |  |

## Design Narrative for Beaufort Memorial May River Primary Care

### Site

The proposed 5,000 square foot medical office building is sited with two important corners. The northwest corner faces the parking area and contains the primary building entrances. The southeast corner faces the shopping center entrance from May River Road. These two opposite corners of the building are important focal points for its design.

### Façade

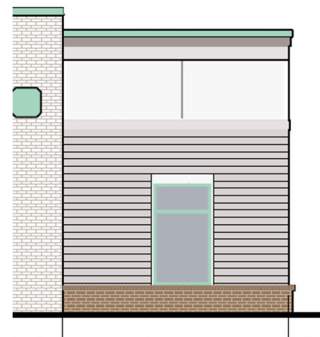
The facade of this rectangular building will use materials in a 3-part arrangement with similar proportions to the other buildings in the May River Crossing center.

- A brick base topped with a rowlock course which serves as the window sill
- A center section with painted fiber cement siding
- An upper, paneled smooth band (also location for signage)

Recessed and projecting portions of the façade will provide relief and cast shadows.



May River Crossing Existing Elevations: 3 Part Façade



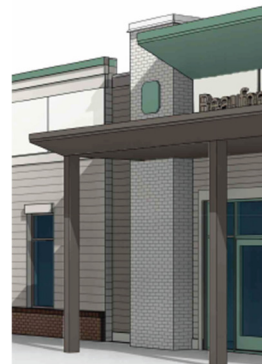
Proposed Beaufort Memorial at May River Crossing Elevation



May River Crossing Existing: Recessed & Projecting



Proposed Beaufort Memorial at May River Crossing Elevation



With the overall familiar scheme established, the two opposite building corners noted in the introduction are differentiated in a few ways. Larger full-height windows are placed at the corners, and the brick base is eliminated. The absence of brick combined with the greater expanse of glass areas at the corner breaks up the building mass, making it look more transparent and lighter.

## ATTACHMENT 1

The two corners receive a pronounced angled cornice that extends 4' outward from the façade and provides a significant shadow line. The cornice runs in 22' to 33' lengths across the façades, becoming a defining feature on all four sides. The angled metal cornice creates an articulated roof profile, similar to the partial metal roofs found at other buildings in the shopping center.



May River Crossing Existing Building



Proposed Beaufort Memorial at May River Crossing



May River Crossing Existing Buildings



Proposed Beaufort Memorial at May River Crossing

Brick pilasters, approximately 18" deep by 5' wide are located in four locations. They serve as termination points for the wide cornice and are taller than the rest of the parapet walls.

The northwest corner will receive a wraparound canopy that provides cover for the building entrances. The canopy will have a profiled fascia similar to the cornice profile.

### Comments on Roof Design

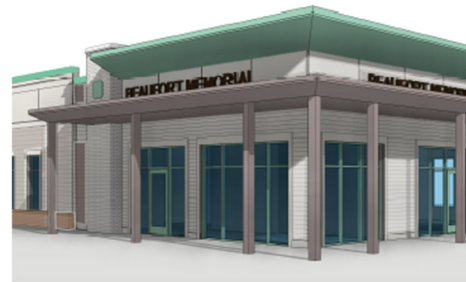
The proposed roof is a low-slope structure hidden behind an approximately 5' tall parapet on all sides of the building. Mechanical Units will be located on the roof. The parapet height has been established to ensure specified mechanical units placed on the roof will not be visible from surrounding streets.

The 4' deep metal cornice and projecting brick pilasters comprise 45% of the total perimeter of the building. They serve to address the HCOD's ordinance concern for long, unarticulated roofs or flat roofs without a pediment. A generally accepted architectural understanding of a pediment is a triangular gable element, typically located above a horizontal entablature or used as an emphasized architectural crown over an entry. A cornice is also understood as an architectural crown. The cornice is proposed in lieu of a pediment. It creates an angled element with its 5:12

pitch. It is set atop a horizontal entablature and does mark the entry as an architectural crown. It is likely the observer at street level will see more of the cornice's pitched metal surfaces than one can see of the partial hip or mansard roofs from the ground, at neighboring buildings in the center.



May River Crossing Existing Building – 45% of façade has partial metal roof features - a flat roof is behind the angled metal roof sections



Proposed Beaufort Memorial Building – 45% of façade has an angled metal feature

### Comments on South Elevation facing May River Road

The South Elevation has been developed with equal detail to all other elevations to avoid having a “back” or “rear” wall. It is articulated in three separate pavilions separated by recessed and projecting wall sections creating a 5-part assembly. The greatest length of wall without a window or change in plane is 7’-8”. Depth and shadow are enhanced by a 48” deep cornice (along 30% of the overall length), an 84” wide x 48” deep metal door awning, and a 60” wide x 18” deep full height brick pilaster.

The South Elevation will have three different parapet heights, three wall planes varying by 8”-18”, many expansive windows, two brick types and three siding colors.

### Materials & Colors

The proposed color for the cornice at the two corners and the storefront windows is “Aged Copper”. It is a very familiar color in Bluffton (including the entry canopy at Bluffton Town Hall).

The proposed brick base is “Savannah Blend”, with a smooth texture and earthy warm tones. The proposed brick for the pilasters is “Alpine Blend”, a white/gray mix with texture. The upper band of the façade will be white, smooth face fiber cement panels. The siding will be a V-groove fiber cement and will primarily be a warm french gray color. The siding color at the reveals will be a warm dark brown, similar to the color of the wraparound canopy. The darker color at the reveals will enhance their purpose of providing shadow and relief to the facade.

## ATTACHMENT 1

### **Dumpster Enclosure**

The dumpster will be fully screened with parged, painted masonry. Additional landscaping is also indicated near the dumpster, at the buffer along May River Road.