

# ATTACHMENT 3



## TOWN OF BLUFFTON CERTIFICATE OF APPROPRIATENESS- OLD TOWN BLUFFTON HISTORIC DISTRICT (HD) APPLICATION

Growth Management Customer Service Center  
20 Bridge Street  
Bluffton, SC 29910  
(843)706-4522  
[www.townofbluffton.sc.gov](http://www.townofbluffton.sc.gov)  
[applicationfeedback@townofbluffton.com](mailto:applicationfeedback@townofbluffton.com)

| Applicant   | Property Owner   |
|---|--|
| Name: Ling Graves   | Name: Kay Stanley  |
| Phone: 853-384-1541   | Phone: 843-290-9696  |
| Mailing Address:<br>PO Box 7108<br>Hilton Head, SC 29938  | Mailing Address:<br>127 Bridge St<br>Bluffton, SC 29910  |
| E-mail: lgraves@gravesconstructioncompany.com   | E-mail: kaystanley@spartina449.com   |
| Town Business License # (if applicable):  |  |
| <b>Project Information</b> (tax map info available at <a href="http://www.townofbluffton.us/gis/">http://www.townofbluffton.us/gis/</a> )   |  |
| Project Name: Stanley Residence   | Conceptual: <input type="checkbox"/> Final: <input checked="" type="checkbox"/> Amendment: <input type="checkbox"/>  |
| Project Location: Lot 2 127 Bridge ST   | Application for:<br><input type="checkbox"/> New Construction<br><input checked="" type="checkbox"/> Renovation/Rehabilitation/Addition<br><input type="checkbox"/> Relocation or Demolition |
| Zoning District: Riverfront HD  |  |
| Acreage: 1.453  |  |
| Tax Map Number(s): R610 039 00A 0196 0000   |  |
| Project Description: Renovation to Cooks cottage, Barn and Garage   |  |
| <b>Minimum Requirements for Submittal</b>   |  |
| <input checked="" type="checkbox"/> 1. Full sized copies and digital files of the Site Plan(s). One (1) set for Conceptual, two (2) sets for Final<br><input checked="" type="checkbox"/> 2. Full sized copies and digital files of the Architectural Plan(s). One (1) set for Conceptual, two (2) sets for Final<br><input checked="" type="checkbox"/> 3. Project Narrative describing reason for application and compliance with the criteria in Article 3 of the UDO.<br><input checked="" type="checkbox"/> 5. All information required on the attached Application Checklist.<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: A Pre-Application Meeting is required prior to Application submittal.</b>  |  |
| <b>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.</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: 12/6/21  |
| Applicant Signature:  | Date: 12/6/21  |
| <i>For Office Use</i>   |  |
| Application Number:   | Date Received:   |
| Received By:  | Date Approved:   |