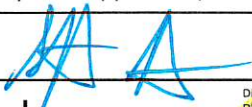


## ATTACHMENT 4


**TOWN OF BLUFFTON**  
**PUBLIC PROJECT 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)

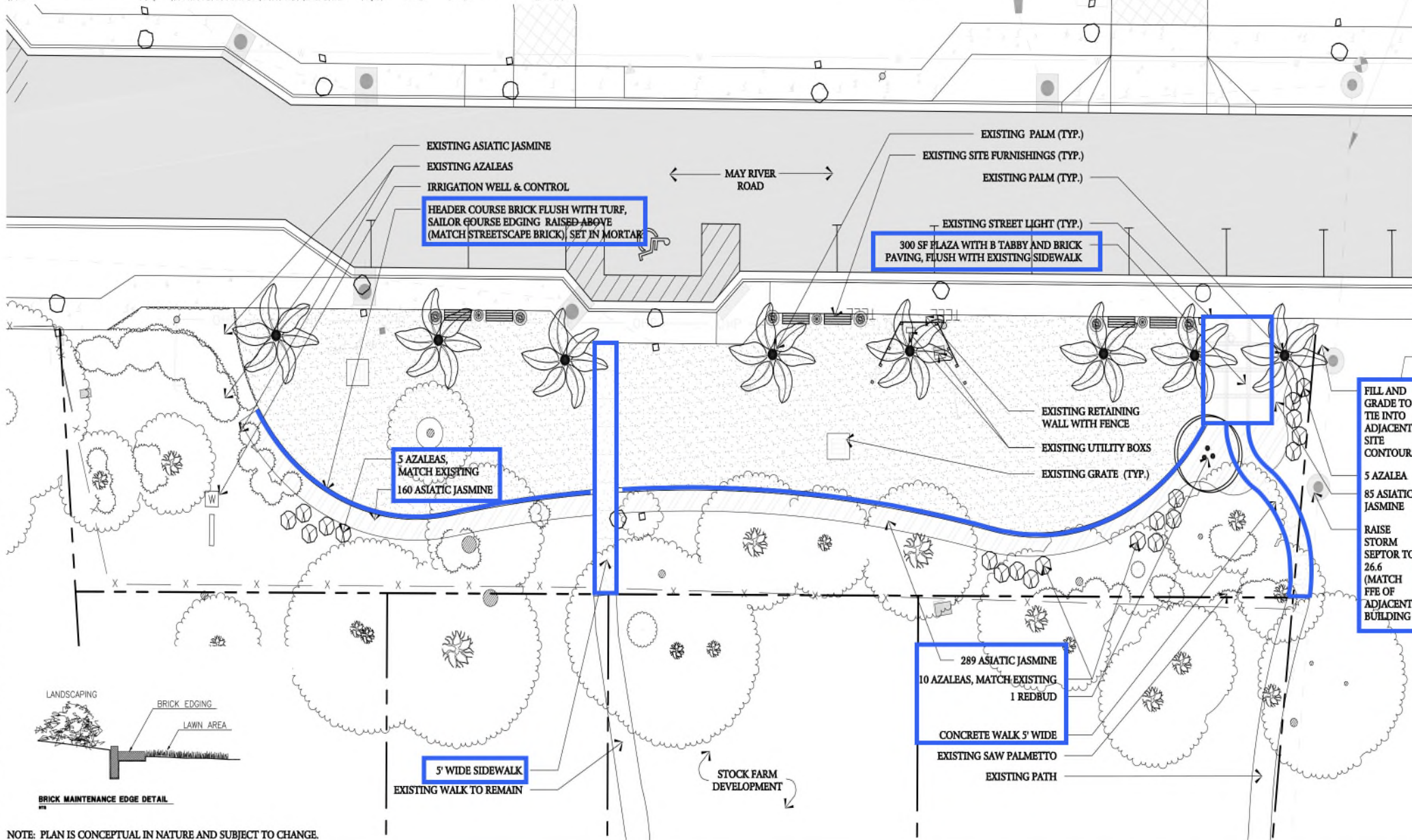
Applicant		Property Owner	
Name:	CONSTANCE S CLARKSON	Name:	TOWN OF BLUFFOTN
Phone:	843-706-7825	Phone:	843-706-7825
Mailing Address:	PO BOX 386 BLUFFTON SC 29910	Mailing Address:	PO BOX 386 BLUFFTON SC 29910
E-mail:	cclarkson@townofbluffton.com	E-mail:	cclarkson@townofbluffton.com
Town Business License # (if applicable): n/a			
Project Information			
Project Name:	MAY RIVER ROAD POCKET PARK	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Amendment
Project Location:	1220E MAY RIVER ROAD	Acreage:	.32
Zoning District:	NEIGHBORHOOD GENERAL		
Tax Map Number(s):	R610 039 000 1539 0000		
Project Description: IMPROVEMENTS INCLUDE, INSTALLING A SEATING AREA, EXTENDING TWO SIDEWALKS THROUGH PARK, ADDING PLANTS AND RAISING EXISTING MANHOLE FOR MATCH GRADE OF ADJACENT LOT.			
Minimum Requirements for Submittal			
<input checked="" type="checkbox"/> 1. Two (2) full sized copies and digital files of the Preliminary or Final Public Project Plans. <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.			
<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: 12/1/21	
Applicant Signature: CClarkson		Digitally signed by: CClarkson DN: CN = CClarkson email = cclarkson@townofbluffton.com C = AD Date: 2021.12.01 14:22:54 -0500	
<b>For Office Use</b>			
Application Number:		Date Received:	
Received By:		Date Approved:	



# PLANT SCHEDULE

PERVIOUS TREES	QTY	BOTANICAL / COMMON NAME	CAL.	HEIGHT	SPREAD	CONT.
CECA	1	CORONIS CANADENSIS / EASTERN REDBUD	1.5" - 2"	8' - 12'	8' - 12'	CONT.
SHRUBS	QTY	BOTANICAL / COMMON NAME	CONT.	HEIGHT	SPREAD	
AZALEA	50	AZALEA ENCORE TM / ENCORE AZALEA	3 CAL.	12' - 15'	12' - 15'	
EVERGREEN GROUND COVER	QTY	BOTANICAL / COMMON NAME	CONT.	HEIGHT	SPREAD	
TRM	2500	TRACHELOSPERMUM AQUATUM / ASIANIC JASMINE	1 CAL.	2' - 12'	2' - 12'	

## ATTACHMENT 4



NOTE: PLAN IS CONCEPTUAL IN NATURE AND SUBJECT TO CHANGE.



**J. K. TILLER ASSOCIATES, INC.**

LAND PLANNING LANDSCAPE ARCHITECTURE  
181 BLUFFTON ROAD, SUITE F203 BLUFFTON, SC 29910  
Voice 843.815.4800 jktiller@jktiller.com Fax 843.815.4802

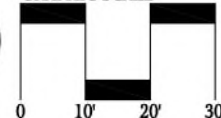
## May River Road Pocket Park - C

Town of Bluffton, South Carolina

November 4, 2021



GRAPHIC SCALE



Sheet

1

Of 1