TOWN OF BLUFFTON
DEVELOPMENT AGREEMENT APPLICATION

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

Applicant	Property Owner
Name: Beaufort County School District - Frank ~~Rodriguez, Superintendent~~	Name: Indian Hill Associates, LLC - Chris Bowes, Agent
Phone: 843-322-0783	Phone: 843-368-2935
Mailing Address: 2900 Mink Point Boulevard; Beaufort, SC 29902	Mailing Address: 13 Bontwell Circle; Bluffton, SC 29910
E-mail: Robert.Oetting@beaufort.k12.sc.us	E-mail: chris.bowes@serhant.com
Town Business License # (if applicable): N/A	

Project Information

Project Name: BCSD Willow Run Amendment	☐ New	☑ Amendment
Project Location: Buckwalter Commons Land Use Tract - Willow Run Tract		
Zoning District: Buckwalter PUD	Acreage: 142.551	
Tax Map Number(s): R610-022-000-013A-0000, R610-022-000-0035-0000, and R610-022-000-0049-0000		
Project Description: Amendment to the terms and obligations for the construction of the future North South Connector Road as established by the Buckwalter Development Agreement & Concept Plan 9th Amendment and other terms deemed necessary for certain properties located at 380 Fording Island Road that are part of the Willow Run Tract which the Beaufort County School District has under contract.		

Minimum Requirements for Submittal

☑ 1. One (1) paper copy and digital file of the draft Development Agreement.
☑ 2. Mandatory Application Check In Meeting scheduled.
☑ 3. Recorded deed and plat showing proof of property ownership.
☑ 4. Project Narrative describing reason for application and compliance with the criteria in Article 3 of the UDO.
☑ 5. 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: [signature] MSR Indian Hill Date: 02/10/2025

Applicant Signature: [signature] Date: 2/20/25

For Office Use

Received By:	*Date Approved:*
Application Number:	

TOWN OF BLUFFTON
CONCEPT PLAN APPLICATION

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

Applicant	Property Owner
Name: Beaufort County School District - Frank ~~Rodriguez, Superintendent~~	Name: Indian Hill Associates, LLC
Phone: 843-322-0783	Phone: 843-368-2935
Mailing Address: 2900 Mink Point Boulevard; Beaufort, SC 29902	Mailing Address: 13 Bontwell Circle; Bluffton, SC 29910
E-mail: Robert.Oetting@beaufort.k12.sc.us	E-mail: chris.bowes@serhant.com
Town Business License # (if applicable): N/A	

Project Information

Project Name: BCSD Willow Run Amendment	☐ New	☑ Amendment
Project Location: Buckwalter Commons Land Use Tract - Willow Run Tract		
Zoning District: Buckwalter PUD	Acreage: 142.551	
Tax Map Number(s): R610-022-000-013A-0000, R610-022-000-0035-0000, and R610-022-000-0049-0000		
Project Description: Amendment to the terms and obligations for the construction of the future North South Connector Road and established by the Buckwalter Development Agreement & Concept Plan 9th Amendment and other terms deemed necessary for certain properties located at 380 Fording Island Road that are part of the Willow Run Tract which the Beaufort County School District has under contract.		

Minimum Requirements for Submittal

- ☑ 1. One (1) paper copy and digital file of the draft Concept Plan.
- ☑ 2. Mandatory Application Check In Meeting scheduled.
- ☑ 3. Recorded deed and plat showing proof of property ownership.
- ☑ 4. Project Narrative describing reason for application and compliance with the criteria in Article 3 of the UDO.
- ☑ 5. 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: _____ Date: 2/27/25

Applicant Signature: _____ Date: 3/4/25

For Office Use

Received By:	*Date Approved:*
Application Number:	