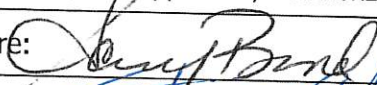
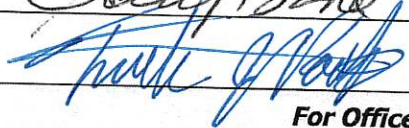




TOWN OF BLUFFTON
DEVELOPMENT AGREEMENT APPLICATION

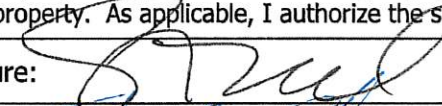
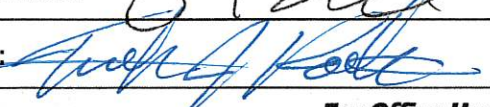
Growth Management Customer Service Center
20 Bridge Street
Bluffton, SC 29910
(843)706-4500
www.townofbluffton.sc.gov
applicationfeedback@townofbluffton.com

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: 		Date: 02/10/2025	
Applicant 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			
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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:			