



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
applicationfeedback@townofbluffton.com

Applicant		Property Owner	
Name: Angelina Makowski / BDG Architects, LLP		Name: Paul Scott	
Phone: 813-954-2211		Phone: 913-629-7979	
Mailing Address: 400 N. Ashley Dr. Suite 600, Tampa FL 33602		Mailing Address: 7401 Hodgson Memorial Dr., Savannah GA 31406	
E-mail: permits@bdgllp.com		E-mail: pscott@firstchatham.com	
Town Business License # (if applicable):			
Project Information (tax map info available at http://www.townofbluffton.us/map/)			
Project Name: Fifth Third Bank May River		Conceptual: <input type="checkbox"/>	Final: <input checked="" type="checkbox"/>
Project Address: 2901 May River Crossing, Bluffton, SC 29910		Amendment: <input type="checkbox"/>	
Zoning District: PUD Jones Estates		Application for:	
Acreage: 1.33		<input checked="" type="checkbox"/> New Construction	
Tax Map Number(s): R61003600032130000		<input type="checkbox"/> Renovation/Rehabilitation/Addition	
Project Description: New freestanding bank facility: one-level building approx. 2400 SF customer architecture including a drive-thru with two lanes and trash enclosure.			
Minimum Requirements for Submittal			
<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.			
<input checked="" type="checkbox"/> 2. Digital files drawn to scale of the Site Plan(s) and Architectural Plan(s).			
<input checked="" type="checkbox"/> 3. Recorded deed and plat showing proof of property ownership.			
<input checked="" type="checkbox"/> 4. Project Narrative describing reason for application and compliance with the criteria in Article 3 of the UDO.			
<input checked="" type="checkbox"/> 5. Material samples and color swatches for all proposed materials.			
<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.			
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:	
Applicant Signature: 		Date: 06/26/25	
For Office Use			
Application Number:		Date Received:	
Received By:		Date Approved:	