



ATTACHMENT 1

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)706-4500
www.townofbluffton.sc.gov
applicationfeedback@townofbluffton.com

Applicant		Property Owner	
Name: Betty Prime		Name: Town of Bluffton (Brian Osbourne PM)	
Phone: 843-532-7291		Phone: 843.706.7817	
Mailing Address: 2811 Azalea Drive Charleston, SC 29405		Mailing Address: 20 Bridge Street Bluffton, South Carolina 29910	
E-mail: betty@meadorsinc.com		E-mail: bosbourne@townofbluffton.com	
Town Business License # (if applicable): 24-05-3636			
Project Information (tax map info available at http://www.townofbluffton.us/map/)			
Project Name: Sarah Riley Hooks		Conceptual: <input type="checkbox"/>	Final: <input checked="" type="checkbox"/>
Project Address: 74, 75, and 76 Bridge Street		Application for:	
Zoning District: Neighborhood General - HD		<input checked="" type="checkbox"/> New Construction	
Acreage: .95 acres		<input checked="" type="checkbox"/> Renovation/Rehabilitation/Addition	
Tax Map Number(s): R610-039-00A-0159A-0000		<input type="checkbox"/> Relocation	
Project Description: <small>The scope of work for this project includes but is not limited to salvaging sound historic materials and replacing the compromised structural systems in the original footprint of the house. Salvaged historic materials will be reinstalled once the new structural systems are in place. The building will be used as a gallery and artisan workspace and will have an occupancy classification of business. Two (2) accessible bathrooms have been integrated into the original building footprint. A new rear deck and ramp addition will be constructed to provide an accessible route into the building.</small>			
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).			
<input checked="" type="checkbox"/> 3. Digital files of the Architectural Plan(s).			
<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. All information required on the attached Application Checklist.			
<input 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: 01.08.2025	
Applicant Signature:		Date: 01.08.2025	
For Office Use			
Application Number: DP-10-24-019422		Date Received: JAN 9 2024	
Received By:		Date Approved: BY:	