Department of Growth Management
Office of Community Development
P O Box 386
20 Bridge Street
Bluffton, South Carolina 29910
843-706-4522

Case _____

Town of Bluffton
Bluffton Home Series
Request Form

Applicant Information	
Name:	
Mailing Address:	
Home Phone:	**Cell Phone:**
Work Phone:	**Email Address:**
Property Information	
Property Address:	
Tax Map #:	**Zoning District:**
Home Series Information	
Name of Home (Preferred):	**Builder:**
Name of Home (Alt 1):	**Builder:**
Name of Home (Alt 2):	**Builder:**

_____ _____ Date:_____

Print applicant name *Signature of applicant*

For Office Use	
Application Number:	*Date Received:*
Received By:	*Date Approved:*
Home Selected:	*Builder:*