



**TOWN OF BLUFFTON
BUILDING PERMIT APPLICATION
MASTER APPLICATION**

Growth Management Customer Service Center
20 Bridge Street
Bluffton, SC 29910
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applicationfeedback@townofbluffton.com

<i>Office Use Only</i>		Permit Number:		Date Received:	
Project Address:		Street Number:	Street Name:		Lot #:
Subdivision:			Parcel ID:		
Project/Business Name:			Building #:	Unit #:	
Property Owner			Applicant: <input type="checkbox"/> Owner <input type="checkbox"/> Authorized Agent		
Name:			Name:		
Address:			Address:		
Address:			Address:		
Phone:			Phone:		
Contractor			Primary Contact		
Name:			Name:		
Address:			Address:		
Address:			Address:		
Phone:			Office Phone:		
Contractor License/Registration #:			Cell Phone:		
Bluffton Business License #:			Email Address:		
Architect			Engineer		
Name:			Name:		
Phone:			Phone:		
State License # :			State License #:		
Permit Type					
<input type="checkbox"/> New Structure	<input type="checkbox"/> Shell	<input type="checkbox"/> Tenant Uplift	<input type="checkbox"/> Addition	<input type="checkbox"/> Renovation/Repair	<input type="checkbox"/> Other
Change of Use: <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, indicate existing use:		Proposed Use:	
Number of Units:		Type of Construction:			
<input type="checkbox"/> Single Family	<input type="checkbox"/> Duplex		<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Modular Structure	
<input type="checkbox"/> Accessory	<input type="checkbox"/> Multi Family		<input type="checkbox"/> Commercial	<input type="checkbox"/> Affordable Housing	
Value of Construction (include materials, labor, profit)					
Plumbing: \$		Gas: \$			
Electrical: \$		Building: \$			
Heating/Air: \$		Total Value of Construction:		\$	

