TOWN OF BLUFFTON
BUILDING PERMIT APPLICATION
MASTER APPLICATION

Growth Management Customer Service Center
20 Bridge Street
Bluffton, SC 29910
(843)706-4522
www.townofbluffton.sc.gov
applicationfeedback@townofbluffton.com

The following information shall be included as part of a Building Permit application submitted for review. This checklist is intended to assist in the provision of the minimum documentation necessary to demonstrate compliance with the applicable Building Code regulations. Depending on the proposal, the amount and type of documentation will vary.

New Residential, Additions/Remodels
1. Building Permit Master Application
2. License Requirement
3. Refuse Disposal Plan
4. Window/Door Rating
5. Mechanical Certifications (if electrical, mechanical, and plumbing work is involved. Must be turned in before the subcontractors begin on site).
6. Owner Contractor Disclosure Statement (only for residential and if owner is doing the work themselves).
7. Three (3) sets of plans signed and sealed by a South Carolina Design Professional.
8. Three (3) sets of the Site Plan or Survey.
9. Manual J and Manual S for residential or ASHREA for commercial (if conditioned space).
10. Rescheck for residential or Comcheck for commercial (if conditioned space).
Manufactured Home
1. Application for Manufactured Housing Permit
2. Wind Zone 2 documentation Required
3. Three (3) sets of surveys showing the location of the home and existing conditions on the property.
4. Town placement approval
5. Beaufort County Registration for the home
6. Two (2) Mechanical Certifications (Electrical & HVAC contractors will need to fill out).
7. Septic Letter or Permit from DHEC (if applicable) or BJWSA Letter (if applicable).
8. Three (3) sets of drawings for the foundation (if applicable & from a South Carolina Professional).
9. Three (3) sets of drawings for stairs and landings.
10. Manufacturer installation instructions.
11. Manufactured homes prior to 1996 will need approval of Building Official approval.
Minor Electrical, Mechanical, Plumbing & Gas
1. Building Permit Master Application
2. Refuse Disposal Form
3. Three (3) sets of plans signed and sealed by a South Carolina Professional (depends on scope of work).
4. ASHREA (if adding conditioned space or changing HVAC system).
Irrigation, Swimming Pool, Spa & Water Feature
1. Building Permit Master Application
2. License Requirement
3. Refuse Disposal Form
4. Electrical Mechanical Certificate
5. Three (3) sets of the survey or site plan (only for swimming pool, spa, and water feature).
6. Three (3) sets of plans (only for swimming pool, spa and water feature).
Additional Documentation Requirements for Inspections
1. Foundation survey & compaction slip are required for new structures & additions **prior to pouring the foundation**.
2. Flood elevation certificate (under construction) **prior to foundation inspection**. Final Flood Elevation Certificate **prior to CO inspection** (if construction is located in Flood Zone).
3. Mechanical Certifications (if electrical, mechanical, or plumbing work is involved.) **Due prior to subcontractors beginning work at site.**
4. Signed & sealed truss drawings, floor TJI's-detail layout, & termite certificate – **prior to rough in's & frame inspection.**

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5.	Insulation certificate – **prior to insulation inspection.**
6.	Sealing certificate – **prior to permanent service inspection.**
7.	Sewer tap approval inspection or letter from BJWSA, duct sealing certificate, and residential energy code certificate - **prior to building final inspection.**

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Office Use Only	*Permit Number:*	*Date Received:*
Project Address:		*Lot #:*
Subdivision:	*Parcel ID:*	

Property Owner	***Job Site Contact***
Name:	*Name:*
Address:	*Address:*
City/State/Zip:	*City/State/Zip:*
Phone:	*Office Phone:*
	Cell Phone:
	Email Address:

Contractor	***Design Professional***
Name:	*Name:*
Address:	*Address:*
City/State/Zip:	*City/State/Zip:*
Phone:	*Phone:*
Contractor License/Registration #:	*State License #:*
Bluffton Business License #:	

Permit Type			
☐ *New Structure*	☐ *Addition/Renovation*	☐ *Construction Trailer*	☐ *Electrical*
☐ *HVAC Replacement / Other*	☐ *Plumbing*	☐ *Gas*	☐ *Irrigation*
☐ *Moving Permit*	☐ *Pool/spa*	☐ *Tent*	☐ *Demo*

Residential		***Commercial***	
☐ *Single Family*	☐ *Duplex*	☐ *Shell*	☐ *Tenant Upfit*
☐ *Townhouse*	☐ *Detached Garage*	☐ *Multi Family*	*Num of Units:*
☐ *Accessory*		☐ *Fire Sprinkler System*	☐ *Fire Alarm System*
Total Square Footage:		*Type of Construction (circle one): IA IB IIA IIB IIIA IIIB IV VA VB*	

Value of Construction (include materials, labor, profit)	
Plumbing: ***$***	*Gas:* ***$***
Electrical: ***$***	*Building:* ***$***
Heating/Air: ***$***	***Total Value of Construction:*** ***$***

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Detailed Description of Work	
Change of Use: Y or N; If Yes, indicate existing use:	*Proposed Use:*

Construction Details					
Total Parcel Area Sq. Ft.		*Total Pervious Sq. Ft.*		*Total Impervious Sq. Ft.*	
Heated Sq.Ft. (new or added)		*Number of Elevators*			
Unheated Sq.Ft. (new or added)		*Type of Heating/Air*		☐ *Elec* ☐ *Gas*	
Number of Stories		*Type of Roofing Materials*			
Number of Bathrooms		*Size of LP Tank*			
Number of Bedrooms		*Gas*		☐ *Yes* ☐ *No*	
Number of Fireplaces		*Septic Tank Number*			
Total Habitable Rooms		*Type of Sewage Disposal*		☐ *Public Sewer* ☐*Septic*	
Type of Exterior Materials					

Application is hereby made for a permit to perform work as described in this application along with accompanying drawings if required. The information on this application is complete and accurate and I am authorized to submit this application.
I understand that all work must be according to approved plan and in compliance with all Town of Bluffton adopted codes and other regulations as applicable. Individuals and entities involved in the construction, repair, or renovation of structures are required to comply with licensing requirements of the State of South Carolina and the Town of Bluffton.

_____ _____ _____

Print name ***Signature of owner/authorized agent*** ***Date***

Everyone doing business in the Town of Bluffton is required to have a town business license.

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License Requirements

Please read carefully. This form is required at time of application.

Permit Number:

- *Individuals and entities involved in the construction, repair, or renovation of structures including mechanical construction are required to comply with licensing requirements of the State of South Carolina and the Town of Bluffton.*
- *Persons engaging in Business in the Town of Bluffton are required to have current Town Business Licenses.*
- *The contractor is aware that the sub-contractors, also known as independent contractors, which are hired by the contractor to perform services, are not employees. Sub-contractors are required to maintain a valid Town business license and state/local licenses or registrations as applicable when conducting business inside the town limits of Bluffton. This requirement also applies to individuals such as craftsmen or artisans not regularly employed by the contractor, but who are performing work on the job. Code enforcement inspectors will require proof of a current Town of Bluffton business license or proof of employment if an employee.*
- *No deductions shall be made on the permit application by a general or independent contractor for value of work performed by a subcontractor.*
- ***In no case** will a permanent service or final inspection (if there is not a permanent service inspection) be processed until all required documentation is submitted to the office.*

I, the undersigned have read and understand the above. I am the contractor in charge or authorized agent for the contractor in charge, or Owner.

Print: _____

Signature: _____ ***Date:*** _____

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Refuse Disposal Plan

You are required to dispose of all construction waste in accordance with related local, state, and federal regulations.

Permit Number:

***Site Debris**:*

1. *It shall be the responsibility of the permit holder to clean up and remove all construction debris as well as other related material or organic materials prior to receiving a final inspection approval.*

2. *Waste shall be contained in such a manner as to prevent contamination of any adjacent property by any means.*

Hurricane Protection:

1. *No permit holder shall allow construction related materials to remain loose or unsecured at a site from 24 hours after a hurricane watch has been issued until the hurricane watch/warning has been lifted. Materials shall be removed from the site or secured in such a manner as to minimize the danger of such materials causing damage to persons or property from weather emergencies.*

2. *Failure to comply with this section will subject the permit holder to fines in accordance with the Town of Bluffton Municipal Code.*

Owner Name:

Contractor:

Location:

Solid Waste Containment Method:

Waste Pick-Up and Disposal Schedule:

Disposal Location (Site):

Name of Party or Company Responsible for Removal:

Signature of Responsible Person _____ ***Date:*** _____

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SUBCONTRACTOR ROSTER

***Instructions**: Fill out the information in each column. All license numbers must be correct. This form is required before the inspection for permanent service. Current Business Licenses are required.*

Permit Number:	*Job Location:*
Owner Name:	*Date:*
Contractor Name:	*Business License #:*
Parcel ID:	

Trade	***Contractor Company Name***	***License Holder Name***	***Bluffton Business***	***Contractor License/Registration***
Electrician			***LIC***	
Plumber			***LIC***	
HVAC			***LIC***	
Roofer			***LIC***	
Foundation			***LIC***	
Masonry			***LIC***	
Steel			***LIC***	
Vinyl/Aluminum Siding			***LIC***	
Stucco			***LIC***	
Insulation			***LIC***	
Sheet Rock/Dry Wall			***LIC***	
Carpentry/Framing			***LIC***	
Carpentry/Interior Trim			***LIC***	
Cabinets			***LIC***	
Painting			***LIC***	
Iron Railings			***LIC***	
Wallpaper			***LIC***	
Tile Work			***LIC***	
Equipment			***LIC***	
Elevator			***LIC***	
Factory Fireplace			***LIC***	*N/A*
Glass			***LIC***	*N/A*
Building Sprinkler			***LIC***	
Alarm System			***LIC***	
Gas			***LIC***	

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Permit Number:

Window and Door Ratings Per the Current IRC: *This form is required for any construction that includes new or replacement window(s)/door(s)*

DESIGN PRESSURE VALUES LISTED IN TABLE ARE POUNDS/SQ.FT. (PSF)

WIND ZONE INLAND 130 MPH (B EXPOSURE)
BASIC WIND ZONE (MPH 3 SECOND GUST)

Zone 5 = All windows/doors that are 4 ft. or closer to a corner
Zone 4 = All other windows/doors

Enter number of openings and check the applicable boxes

Mean Roof Height	Zone (4)	Number of Windows	Number of Doors	Number of Sky Lights
15′	DP 35			
20′	DP 35			
25′	DP 35			
30′	DP 35			
35′	DP 35			
40′	DP 40			
45′	DP 40			
50′	DP 40			
Mean Roof Height	**Zone (5)**	**Number of Windows**	**Number of Doors**	**Number of Sky Lights**
15′	DP 45			
20′	DP 45			
25′	DP 45			
30′	DP 45			
35′	DP 45			
40′	DP 45			
45′	DP 50			
50′	DP 50			

Type of Protection for Openings

	High Impact Glass
	Approved Shutters
	Type of Shutters

Print Name: _____

Signature: _____ ***Date:*** _____

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Mechanical Certification of Work to be Performed		
PERMIT NUMBER:		
NOTE: 1. *The Mechanical Certificate is required BEFORE work begins in Plumbing, Electrical, or HVAC.* 2. *All information on the form is required. Only completed forms will be accepted.* 3. *Owners doing work in any of the trades are required to have the certificate approved by the Building Official.*		
State License #:		*License Group (Commercial):*
Bluffton Business License #:		
Work Site:	*Street Number:*	*Street Name:*
Owner:		*Contractor:*
Owner Address:		*Contractor Address:*
Owner Phone #:		*Contractor Phone #:*

Description of Work to be Performed by Mechanical Contractor	
☐ *Electrical*	*Electric Service Size:*
☐ *Plumbing*	
☐ *Heating and Air*	*Heat Pump Size:*

I, am the owner of authorized agent of _____
Print Company Name

The electrical, heating and air conditioning, or plumbing work as described above shall be installed in accordance with Chapter 5 Municipal Code Town of Bluffton and all other applicable codes.

Name (Print)	***Notary Public (Print)***
Signature	***Signature***
Date:	***Date:*** ***State:***
	Commission Expires:

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State License #:		*License Group (Commercial):*
Bluffton Business License #:		
Work Site:	*Street Number:*	*Street Name:*
Owner:		*Contractor:*
Owner Address:		*Contractor Address:*
Owner Phone #:		*Contractor Phone #:*

Description of Work to be Performed by Mechanical Contractor	
☐ *Electrical*	*Electric Service Size:*
☐ *Plumbing*	
☐ *Heating and Air*	*Heat Pump Size:*

I, am the owner of authorized agent of _____
Print Company Name

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Name (Print)	***Notary Public (Print)***
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Date:	***Date:*** ***State:***
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State License #:		*License Group (Commercial):*
Bluffton Business License #:		
Work Site:	*Street Number:*	*Street Name:*
Owner:		*Contractor:*
Owner Address:		*Contractor Address:*
Owner Phone #:		*Contractor Phone #:*

Description of Work to be Performed by Mechanical Contractor	
☐ *Electrical*	*Electric Service Size:*
☐ *Plumbing*	
☐ *Heating and Air*	*Heat Pump Size:*

I, am the owner of authorized agent of _____
Print Company Name

The electrical, heating and air conditioning, or plumbing work as described above shall be installed in accordance with Chapter 5 Municipal Code Town of Bluffton and all other applicable codes.

Name (Print)	***Notary Public (Print)***
Signature	***Signature***
Date:	***Date:*** ***State:***
	Commission Expires:

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Design Professional Certification Form ***Required at Permit Submittal with Plans***	
Permit Number:	
Contractor Name:	*Owner Name:*
Address:	*Address:*
Phone:	*Phone:*
Location of Work:	
Project Description	
Certification	
The undersigned certifies that he/she is the Design Professional for the above project and is solely responsible for its structural design. This design is only applicable for the above residence and shall not be reused in part, or whole, for any other project without written approval. Also, any structural changes or additions to the above project during construction shall not be approved without the endorsement of the Design Professional.	
Print name ***Signature of Design Professional*** ***Date***	
(Seal)	

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Roof Fastener and Shingles Certificate ***Before Exterior Sheathing Inspection***	
Permit Number:	
Contractor Name:	*Owner Name:*
Address:	*Address:*
Phone:	*Phone:*
Location of Work:	

Roof Fastener and Shingles Regulations

- *Roof fasteners have been installed per the Professional Designer's requirements on the plan.*
- *Shingles have been installed per the manufacturers installation instructions based on 130 mph 3 second wind gust.*

Certification

The Contractor hereby certifies the above referenced Roof Fastener and Shingles Certification is in accordance with the specification established by the International Residential Code, Professional Designer's specifications, and the manufacturer installation instructions.

Print name	***Signature of Contractor/authorized agent***	***Date***

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Sealing Certificate ***Due before Permanent Service Inspection***	
Permit Number:	
Contractor Name:	*Owner Name:*
Address:	*Address:*
Phone:	*Phone:*
Location of Work:	
The building thermal envelope has been durably sealed to limit infiltration by the above referenced contractor.	
Methods Used to Create Air Barrier	
☐ *Caulked*	☐ *Weatherstripped*
☐ *Gasketed*	☐ *Other* _____

Durably Sealed Areas
☐ *All joints, seams, & penetrations*
☐ *Site-built windows, doors, & skylights*
☐ *Opening between window & door assemblies & their respective jambs & framing*
☐ *Utility penetrations*
☐ *Dropped ceilings or chased adjacent to the thermal envelope*
☐ *Knee walls*
☐ *Walls & ceilings separating a garage from conditioned spaces*
☐ *Behind tubs & showers on exterior walls*
☐ *Common walls between dwelling units*
☐ *Attic access openings*
☐ *Rim joist junction*
☐ *Other sources of infiltration*

Certification

The Contractor hereby certifies the above referenced Building Thermal Envelope has been durably sealed to limit infiltration in accordance with the specification established by the 2009 International Energy Conservation Code Section 402.

_____	_____	_____
Print name	***Signature of Contractor/authorized agent***	***Date***

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Duct Sealing Certificate
Due before Final Inspection

Permit Number:	
Contractor Name:	*Owner Name:*
Address:	*Address:*
Phone:	*Phone:*
Location of Work:	
The duct tightness was tested by the above referenced contractor.	

CFM25 per 100 ft2 of Conditioned Floor Area = CFM25 x 100/Conditioned Floor Area Served

If all ducts are not located within conditioned space, builder must verify that either the post construction duct leakage to outdoors (PCO) is ≤ 8 cfm/100 ft2, the post construction total duct leakage (PCT) is ≤ 12 cfm/100 ft2. The Rough-In total leakage shall be ≤ 6 cfm/100 ft2 of conditioned floor area, if air handler is not installed at the time of test the total leakage shall be ≤ 4 cfm/100 ft2 of conditioned floor area. State which method was used to conduct the duct tightness test: duct blower (DB), modified blower door subtraction method (MBDS), or automated multipoint blower door (AMBD).

Table

System	***Method (DB, MBDS, AMBD)***	***Test (PCO, PCT, RIT)***	***CFM25***	***Area Served (ft2)***	***Test Result***
1					
2					
3					

Certification

The Contractor hereby certifies the above referenced duct tightness test was done in accordance with the specification established by the 2009 International Energy Conservation Code Section 403.

Print name	***Signature of Mechanical Contr/authorized agent***	***Date***

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Residential Energy Compliance Code Certificate Permanently Place on or in Electrical Panel for Final Inspection		
Permit Number:		
Location of Work:		
Envelope Summary		
List the R-Value for the following Components:		
Flat Ceiling/Roof:	*Foundation Slab:*	*Basement Continuous:*
Exterior Wall:	*Cantilevered Floor:*	*Crawlspace Continuous:*
Attic Kneewall:	*Slope/Vault Ceiling:*	*Floors over Unconditioned Space:*
Basement Stud Wall:	*Above Grade Mass Wall:*	*Other Insulation:*
Crawlspace Stud Wall:	*Attic Kneewall Sheathing:*	

Fenestration Components:	
Window U-factor:	*Window SHGC:*
Skylight U-factor:	*Skylight SHGC:*
Glazed Door U-factor:	*Opaque Door U-factor (<50% glazed):*
Mechanical Summary	
Water heater energy factor: _____ Ef	*Fuel type: ☐ Gas ☐ Electric ☐ Other*
Number of heating and cooling systems: _____	
Heating system type (choose one):	
☐ Gas: _____ AFUE	*☐ Air-source heat pump: _____ HSPF*
☐ Other: _____	*☐ Efficiency: _____*

Certification

The Contractor or Design Professional hereby certifies the above referenced Residential Energy Compliance Code Certificate was done in accordance with the specification established by the 2009 International Energy Conservation Code Section 401.3.

_____	_____	_____
Print name	***Signature of Contractor/authorized agent***	***Date***