



**TOWN OF BLUFFTON  
BUILDING PERMIT APPLICATION  
ICE AND WATER SHIELD CERTIFICATE  
(SPECIAL ROOFS BASED ON APPROVAL)**

Growth Management Customer Service Center  
20 Bridge Street  
Bluffton, SC 29910  
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[applicationfeedback@townofbluffton.com](mailto:applicationfeedback@townofbluffton.com)

**Ice and Water Shield Certificate  
(Special Roofs Based on Approval)  
Before Exterior Sheathing Inspection**

Permit Number:

Contractor Name:

Owner Name:

Address:

Address:

Phone:

Phone:

Location of Work:

**Ice and Water Shield Regulations**

**Provide a copy of the manufacture specifications for the Ice and Water Shield that is being used along with this document.**

Installation Date: \_\_\_\_\_

Exposure Date: \_\_\_\_\_

I hereby understand that I am taking full responsibility and monetary obligation for the installation of the Ice and Water Shield on the roof and the roof boots to keep the moisture out. I certify that I will have the permanent roof in place on or before the required **exposure date**. I understand that failure to have the permanent roof in place on or before the exposure date will result in replacement of the under roofing material or written approval from the manufacturer.

**Certification**

The Contractor hereby certifies the above referenced Ice and Water Shield 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**