



**TOWN OF BLUFFTON**  
**BUILDING PERMIT APPLICATION**  
**Insulation Certificate**

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

**Insulation Certification**  
**Before Insulation Inspection**

**Permit Number:** \_\_\_\_\_

Location of Job Site: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Insulation Information**

**Insulation Values and Types**

Wall Value R- \_\_\_\_\_  Batt  Blown  Open Cell Foam  Closed Cell Foam  
Ceiling Value R- \_\_\_\_\_  Batt  Blown  Open Cell Foam  Closed Cell Foam  
Floor Value R- \_\_\_\_\_  Batt  Blown  Open Cell Foam  Closed Cell Foam  
Floor over Garage Value R- \_\_\_\_\_  Batt  Blown  Open Cell Foam  Closed Cell Foam

Manufacture: \_\_\_\_\_

Product: \_\_\_\_\_

**Barrier Type Used**

- Thermal Barrier (Storage)  
 Ignition Barrier (Equipment Only)

Manufacture: \_\_\_\_\_

Product: \_\_\_\_\_

**Certification**

The Contractor hereby certifies the above referenced Insulation 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**